

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Community Engagement Quarterly Progress Report

CLIENT NAME				CASE MANAGER NAME		
PROVIDER NAME	PROVIDER A	GEI	ICY NAME		DATE RANGE FOR THIS REPORT	
What do you want from Community Engagement? What do you hope this service will help you connect to in your community?						
What have you and your provider done in Community Engagement over the last three months?						
If you will be continuing Community Engagement, is there anything new or different that you want to do?						
When did you receive Community Engagement (dates / times of service in the last 90 days)?						
DATE	SERVICE I			DELIVERY METHOD)	TI	ME SPENT (IN 15 MINUTES)
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CLIENT SIGNATURE		DATE		LEGAL REPRESENTA	TIVE SIGNA	ATURE DATE
PROVIDER SIGNATURE		DATE				

Instructions for Community Engagement Progress Quarterly Report Form

(To be completed with the Community Engagement provider.)

Client: Add in the client's name.

Case Manager: Add in the name of the client's current case resource manager.

Provider Name: Add in the name of the Community Engagement provider.

Provider Agency Name: If the Community Engagement provider works for an agency, write the agency name here.

Date Range for this Report: Give the three-months this report is referencing or talking about.

What do you want from Community Engagement? Document what the client hopes this service will help with in order to connect them to their community.

What have you and your provider done in community engagement the last three months? Document what the provider has been helping the client with, in their community.

If you will be continuing Community Engagement, is there anything new or different that you want to do than before? If the client wants to continue receiving Community Engagement, write down if there is anything new they want to do or anything that has changed from what they have already been doing.

When did you receive Community Engagement? (Days and times you spent with your provider): Document when the client received Community Engagement. Make sure the dates are clear, and how the service was provided. (in-person or through teleservice). In the last column, identify how long client and provider worked on Community Engagement for each day (example: one (1) hour).

Client Signature: Client signs their name here. This means the client has helped to fill out this form and they agree with it.

Legal Representative: If the client has a legal representative, they must sign their name here.

Provider Signature: The Community Engagement provider must sign here.