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|  |  DEVELOPMENTAL DISABILITIES ADMNISTRATION (DDA) **Initial Community Engagement Plan** |
| WAIVER PARTICIPANT’S NAME      | PROVIDER’S NAME      |
| CASE MANAGER’S NAME      | DATE PLAN WAS WRITTEN OR REVISED      |
| **Goal(s) and Objective(s)** |
| Describe the goal(s) and objective(s) you will be working on as they appear in Policy 4.14. No more than three goals per plan. |
| **Goal 1** |       |
| **Goal 2** |       |
| **Goal 3** |       |
| **How often is the service provided** |
| Frequency of service: |
| **Goal 1** |       |
| **Goal 2** |       |
| **Goal 3** |       |
| Expected duration of service: |
| **Goal 1** |       |
| **Goal 2** |       |
| **Goal 3** |       |
| **How is progress measured and how will measures determine the conclusion of service?** |
| **Goal 1** |       |
| **Goal 2** |       |
| **Goal 3** |       |
| **Plan to help reach the goal(s)** |
| **Goal 1** |       |
| **Goal 2** |       |
| **Goal 3** |       |
| List referral recommendations if the waiver participant presents with potential underlying medical, mental health, or educational support needs.      |
| **Signatures** |
| PROVIDER’S SIGNATURE DATE       | LEGAL REPRESENTATIVE’S SIGNATURE DATE       |
| WAIVER PARTICIPANT’S SIGNATURE DATE       | DDA CASE / RESOURCE MANAGER’S SIGNATURE DATE  |