

**Hamilton County Developmental Disabilities Services
Adult Day Array Worksheet - Local Dollar/Non-Waiver Services**
Will only be authorized when approved by Service & Support Administrator

Individual: SSA:

My Plan Span: to Effective Date:

Day Array Provider: Program/ Employer:

Worksheet Intent - To Be Completed By SSA Only

Re-determination Change in services/provider | Ending Services Provider: Date Ended:
 Add provider Initial services

County Of Service

Hamilton Other Specify If Not Hamilton County:

Path to Employment (select one)

1. I have a job but would like a better one or to move up. 3. I'm not sure about work. I need help to learn more.
 2. I want a job! I need help finding one. 4. I don't think I want to work. I may not know enough about it.

Service To Be Authorized

Adult Day Support Adult Day/Voc Hab Combo Individual Employment Support
 Vocational Habilitation Group Employment Support Hrs./Span:

Days Of Service

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Outcomes & Action Steps
!! For Individuals with an I&R SSA Only !!
What will I work on to move me closer to integrated employment? OR What will I need support with to maintain/change my integrated community employment?
Note: For those with a My Plan, the team approved Outcomes and Actions steps will be found in the plan.

Outcome Statement: ("I _____so that _____")

Action Steps:
(What my ADA provider will do so that I can achieve my outcome)

Comments

Name of Person Completing Worksheet: Date:

Contact Information For Person Completing Worksheet:

Service & Support Administrator Signature: Date:

SSA Supervisor Signature (required): Date: