

Hamilton County Developmental Disabilities Services

Adult Day Array Worksheet - 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: []

Funding Source/Worksheet Intent - To Be Completed By SSA Only

FUNDING: SELF Waiver Individual Options Waiver Level One Waiver

Re-determination Add provider Ending services

Change in services/provider AAI Override (N/A for Redeterminations) Provider: [] Date ended: []

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
 Vocational Habilitation
 Adult Day Support/Vocational Habilitation Combination
 Individual Employment Support (List Hours Per Span Below) Hours Per Span: []
 Group Employment Support
 Career Planning* - Complete CSDW003B & Attach
*There are 9 Career Planning services

Community Integration

Will The ADA Provider Be Providing "Community Integration"? YES NO

If "YES", What Percentage Of Time Will Be Spent Providing Community Integration? 25% 50% 100% Other: []

If Providing "Community Integration", Will The Provider Bill The Add-On? YES NO

Days Of Service | Total Hours Per Day Of Service

Table with 7 columns: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday. Each column has a checkbox and a box for Hrs./Day.

Behavior & Medical Rate Add-On

This individual qualifies for a Behavior Rate Add-On. The provider will bill for the Add-On. YES NO N/A

This individual qualifies for a Medical Rate Add-On. The provider will bill for the Add-On. YES NO N/A

Additional Comments: []

Name of Person Completing Worksheet: [] Date: []

Contact Information For Person Completing Worksheet: []

Service & Support Administrator Signature: [] Date: []

SSA Supervisor Signature (required): [] Date: []