

**Hamilton County Developmental Disabilities Services
Adult Day Array Worksheet - Local Dollar/Non-Waiver Services**

Will only be authorized when approved by Service & Support Administrator

Demographic Information

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 Specify If Not Hamilton County:
 Other

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

School Age Youth

This individual is currently enrolled in school and has been approved for TCO funding by the Transition Supervisor.
 This youth will **not** graduate during this span year. Services should be authorized until the end of the span.
 This youth **will** graduate during this span year on
Services authorized after that date should have the service code for Local Dollars for adults.

Comments

Name of Person Completing Worksheet: Date:

Contact Information For Person Completing Worksheet:

Service & Support Administrator Signature: Date:

SSA Supervisor Signature (required): Date: