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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 |