

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities (DDD)

Group Supported Employment Services - SIX-MONTH REPORT

PERSONAL INFORMATION *(Please print)*

QUALIFIED VENDOR'S NAME

CONTACT PERSON NAME

QUALIFIED VENDOR PHONE NUMBER

QUALIFIED VENDOR E-MAIL ADDRESS

REPORT PERIOD *(Check one)*: ☐ January 1 to June 30 *(Due by July 31st)* ☐ July 1 to December 31 *(Due by January 31st)*

QUALIFIED VENDOR MAILING ADDRESS

DDD DISTRICT(S) SERVED

DDD EMPLOYMENT SERVICE SPECIALIST(S)

PLEASE RESPOND TO EACH OF THE OUTCOMES BELOW

OUTCOMES	FREQUENCY	WAY TO MEASURE	WAY TO MEASURE	WAY TO MEASURE	
At least 10% of members based on the Qualified Vendors average daily attendance over a 1 year period will be identified for progressive moves to competitive employment.	Every six months	Production Records of members, contracts available and time studies	Total members served during six month period from January to June:	Total number of members identified for progressive moves from January to June:	PERCENT OF MEMBERS IDENTIFIED FOR PROGRESSIVE MOVES: (Divide members identified for progressive moves by total members served during six month reporting period)
			Total members served during twelve month period from January to December:	Total number of members identified for progressive moves from January to December:	PERCENT OF MEMBERS IDENTIFIED FOR PROGRESSIVE MOVES: (Divide members identified for progressive moves by total members served during six month reporting period)

Provide the average hourly wage of members receiving Group Supported Employment:

Provide the average number of hours per week for members receiving Group Supported Employment:

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S NAME

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S TITLE

QUALIFIED VENDOR ADMINISTRATOR/DESIGNEE'S SIGNATURE

DATE

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LIST CURRENT JOB SITES AND TYPE OF JOBS

JOB SITE	TYPE OF WORK	GROUP SIZE	JOB SITE CODE
CONTINUATION SHEET:			

LIST ANY JOB SITES THAT MIGHT BE IN JEOPARDY DURING THE NEXT 6 MONTHS

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LIST ANY EMPLOYMENT SITES THAT ARE BEING DEVELOPED & THE TYPE OF JOBS THAT WILL BE OFFERED

JOB SITE/EMPLOYER	WORK TO BE DONE	WHERE IS IT LOCATED	GROUP SIZE
CONTINUATION SHEET:			

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MEMBER INFORMATION PAGE								
MEMBER NAME	DDD ID NUMBER	ORIGINAL GSE START DATE	DATE GSE STOPPED	IDENTIFIED FOR PROGRESSIVE MOVE YES / NO	DATE IDENTIFIED FOR PROGRESSIVE MOVE	DATE MADE PROGRESSIVE MOVE	JOB SITES PARTICIPATING IN	BARRIER KEEPING INDIVIDUAL FROM MAKING A PROGRESSIVE MOVE TO COMMUNITY INTEGRATED EMPLOYEMENT (Service stopped reason)
CONTINUATION SHEET:								

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MEMBER INFORMATION (CONTINUATION PAGE)								
MEMBER NAME	DDD ID NUMBER	ORIGINAL GSE START DATE	DATE GSE STOPPED	IDENTIFIED FOR PROGRESSIVE MOVE YES / NO	DATE IDENTIFIED FOR PROGRESSIVE MOVE	DATE MADE PROGRESSIVE MOVE	JOB SITES PARTICIPATING IN	BARRIER KEEPING INDIVIDUAL FROM MAKING A PROGRESSIVE MOVE TO COMMUNITY INTEGRATED EMPLOYEMENT (Service stopped reason)
CONTINUATION SHEET:								

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CURRENT JOB SITE (CONTINUATION PAGE)			
JOB SITE	TYPE OF WORK	GROUP SIZE	JOB SITE CODE
CONTINUATION SHEET:			

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EMPLOYMENT SITES BEING DEVELOPED (CONTINUATION PAGE)

JOB SITE/EMPLOYER	WORK TO BE DONE	WHERE IS IT LOCATED	GROUP SIZE
CONTINUATION SHEET:			

Routing: Original - Employment Program Specialist

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.