ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Division of Developmental Disabilities

ATTENDANT CARE PROGRESS NOTES

INDIVIDUAL'S NAME (Last, First, M.I.)			ASSISTS ID NO.								SUPPORT COORDINATOR'S NAME																				
MONTH/YEAR		DAYS OF THE MONTH																													
	1	2	3	4	5	6	7	8	9	10	11	12	13	1		16				20	21	22	23	24	25	26	27	28 2	29 3	30	31
ATTENDANT CARE HOURS:																															
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PROGRESS/OUTCOME																															
BEHAVIORAL ISSUES																															
MEDICAL ISSUES																															
COMMENTS																															
RECOMMENDATIONS																															
BARRIERS																															
PROVIDER'S SIGNATURE						DAT	E					RES	PONS	SIBLE	PERS	ON'S	SIGN	ATUR	E							DATE					
Equal Opportunity Employer/Program Section 504 of the Rehabilitation Act or employment based on race, color disability to take part in a program, s deaf, a wheelchair accessible location and understand a program or activity activity because of your disability, pl information about this policy, contact	of 19 , relig servic on, or , incl lease	973, a gion, ce or enla uding e let i	and sex, activ argeo g ma us k	the A , nati vity. d prir aking mow	Age [ional For of nt ma reas of y	Discr orig exan ateria sonal our o	imin in, a nple, als. I ble c disat	atior ige, this t als chan cility	n Act and s me so m ges nee	t of 1 disa ans eans to ar eds ii	1978 abilit if ne s tha n ac n ac	5, the cy. Th ecess at the ctivity dvance	e Dep le De sary, e Dep . If yo ce if	bartm epart the bartm ou be at a	nent men Dep nent eliev II po	proh t mu artm will e tha ssibl	ibits ent r take at yo e. To	disc ake nust any u wil o ree	rimii a re pro oth Il not ques	natio asor vide er re t be a st this	n in nable sigr asoi able s do	adm e aco n lan nable to u ocum	nissi com gua e ac nde nde	ons, moc ge ir tion rstar in a	prog lation nterp that nd or	gram n to a reter allov take	s, se allow s for vs yc e par	ervice: a pe peop pu to t in a	s, ac ersor ble v take prog	tivit wit /ho pai gran	ies, th a are rt in n or