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**

| ATTENDANT CARE HOURS: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**TOTAL HOURS FOR MONTH:**

PROGRESS/OUTCOME

BEHAVIORAL ISSUES

MEDICAL ISSUES

COMMENTS

RECOMMENDATIONS

BARRIERS

PROVIDER'S SIGNATURE | DATE | RESPONSIBLE PERSON'S SIGNATURE | DATE