

1. Agency:		2. Month/Year:		
3. Individual(s) who need to be removed from ADSA report (and reason):				
Name	Reason			
A ladividual(a) and billed for an an		- 1		
4. Individual(s) not billed for, reasor Name	Reason	ate of returning	Estimated date returning to services	
5. Individual(s) with CSA's in DVR:				
Individual	Date began DVR		Estimated date of completion	

11. Individual(s) without CSA's in DVR that agency has identified as needing County funded Long Term Supports after obtaining employment:		
Individuals		
Initial	\Box Individual is apply for DDA services at this time	
	\Box DDA Case manager has been contacted for authorization of long term support hours	
	□ Long Term Supports are available upon completion of DVR. Estimated start date:	
Additional P	ertinent Information:	
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