<table>
<thead>
<tr>
<th>Individual’s Name:</th>
<th>DDS #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider:</td>
<td>Submitted By:</td>
</tr>
<tr>
<td>Case Manager:</td>
<td>Date:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Six Month</td>
<td>[ ] Annual</td>
</tr>
</tbody>
</table>

Are there any significant updates or changes regarding the person’s status in any of the following Personal Profile Areas?

- What’s important to know about you?
- Accomplishments, Strengths and Thing You Are Most Proud Of
- Relationships
- Home Life
- Work, Day, Retirement or School
- Leisure Interests and Community Life
- Health and Wellness
- Finances
- Future Vision

Updates/Changes:

- Assessments completed-(describe & attach):
- Assessments needed-(specify):

Copies should be sent to: Individual/Family/Guardian, Case Manager, Residential Provider, Day Provider

Waiver Service(s) (from IP.6):
Action Plan (from IP.5)
# Issues or Needs:
# Desired Outcome:

**Progress made towards Actions and Steps** (Include information about progress, whether steps should continue or be modified)

A:
B:
C:
D:
See Attached

Additional Concerns/Comments:

Recommendations:

Waiver Service(s) (from IP.6):
Action Plan (from IP.5)
# Issues or Needs:
# Desired Outcome:

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A:
B:
C:
D:

See Attached
Additional Concerns/Comments:
Recommendations:

Waiver Service(s) (from IP.6):
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# Issues or Needs:
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**Progress made towards Actions and Steps** (Include information about progress, whether steps should continue or be modified)

A:
B:
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D:

See Attached
Additional Concerns/Comments:
Recommendations: