



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Adult Day Services Progress Report

Adult day provider agency completes this form and submits to Developmental Disabilities Services Division (DDSD) case manager no later than the tenth of the month. This form is used to provide the case manager with documentation of the provision and outcome of prescribed adult day services.

Service recipient		Service month/year	
DDSD case manager	Phone	E-mail address	
Adult day provider agency		Phone	
Person completing form	Date	Phone	E-mail address

Weekly schedule

Days:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat	Sun.
Time:							

Number of days absent: _____

Outcome statement:

Progress summary of action steps to achieve outcome statement.