

**DEPARTMENT OF HUMAN SERVICES
Division of Developmental Disabilities (DDD)**

Extraordinary Needs Funding (ENF) Follow up

Follow up between the Community Support Provider (CSP) and assigned DDD program specialist after completion of the plan outlined in the ENF request (DHS-DD-101).

CSP:

Participant:

Follow up Date:

A. What worked?

B. What didn't work?

C. Based on what you've learned, what would you try differently next time?

D. Action plan moving forward?

E. Additional comments?

Signature: (Program Specialist Completing Form)

Date:
