

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



SERVICE COORDINATOR'S AFFIDAVIT

I, INSERT SERVICE COORDINATOR NAME, Service Coordinator, being duly sworn, depose and say the following:

1. I am a Service Coordinator employed at the Developmental Disabilities Administration (DDA) under the Department on Disability Services (DDS). I have been employed by DDA since INSERT START DATE/YEAR.
2. I am the Service Coordinator assigned to oversee and assess the psychosocial needs of INSERT PERSON'S NAME. PERSON'S NAME has been assigned to my caseload since DATE. S/He has been observed monthly with information and observations noted in her/his case notes.
3. PERSON'S NAME was born in PLACE OF BIRTH on PERSON'S BIRTHDATE. S/He is AGE years of age.
4. PERSON'S NAME currently resides at COMPLETE ADDRESS, CITY, STATE, ZIP CODE. It is a TYPE OF PLACEMENT (*i.e.* Intermediate Care Facility, etc.) for persons with intellectual disabilities, operated by PROVIDER COMPANY, where s/he receives therapeutic, behavioral and medical treatment.
5. PERSON'S NAME functions in the LEVEL range of intellectual disability cognitively and in the LEVEL range adaptively. S/He needs assistance and supervision with bathing, dressing and hygiene. S/He does not travel independently and does not possess concepts of time or money. *Adapt these statements to fit the person's abilities and needs.*
6. PERSON'S NAME receives type of statutory benefits in the amount of \$70.00 per month. S/He has a D.C. Trust account with a balance of \$BALANCE as of DATE CHECKED and a burial account in the amount of \$ BALANCE.
7. PERSON'S NAME has no family contacts OR has family, NAME and RELATIONSHIP, who prefers not to make medical decisions for his son/daughter/etc. (*Please adapt this paragraph as necessary and be as specific as you can as to dates of last contact, names, addresses, and other such information.*)

SC NAME

DDA Service Coordinator

Phone number: PHONE NUMBER

Sworn and subscribed to before me this ____ day of _____, 20__.

Notary Public

My commission expires: