



Individual Supported Employment Request for Additional Service Hours

Thurston/Mason County Developmental Disabilities
Send completed forms to: ddfunding@co.thurston.wa.us



County approval is NOT final approval
Final approval must be received from DDA BEFORE hours are invoiced to the county

A.

Provider Name:		Phone Number:	
Client Name:		ASDA ID:	PCSP End Date:

B.

Employer:			Date of Request:	
Current Approved Hours:	Add-On Hours Requested:	Short-Term Hours Requested:	ETR Hours Requested:	
Has DVR been accessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, why?			
Total Requested Hours:	Hours Start Date:		Hours End Date:	

USE THE BELOW TABLES TO SHOW HOW SHORT-TERM AND/OR ETR HOURS WILL BE UTILIZED

*** for Add-On hours, fill in the Total Monthly Support Hours ONLY**

C.

Client Schedule	
Total Hours	
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Total Weekly Hours	

Agency Support Hours	
Weekly Agency Support Hours	
Coaching	
Record Keeping	
Other	
Please explain Other:	
Total Monthly Support Hours (weekly multiplied by 4.5, rounded up)	

D. Reason for request:

Detailed description of the fade plan and use of natural supports to increase independence:

FOR COUNTY USE ONLY

Description of county response:

Approved by: