



THURSTON/MASON COUNTY DEVELOPMENTAL DISABILITIES Job Foundation / School-to-Work Application



This form may be completed online, but must be printed and signed by hand before submitting.

Applicant Information			
Student's name		Which program are you applying for: <input type="checkbox"/> Job Foundation <input type="checkbox"/> School to Work	
Do you have a guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, name:		County <input type="checkbox"/> Thurston <input type="checkbox"/> Mason	Birthdate
Student's phone number, if applicable		Student's personal email, if applicable	
Student's Mailing Address (including city, state, and zip code)			
Language spoken	Would you like an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use American Sign Language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
School Information			
Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School/District	
What is your final year of school?		Teacher's name	
Parent/Guardian Contact Information			
Parent(s)/Guardian Name		Phone number(s) (please indicate if it is a cell)	
Email(s)			
How do you prefer to be contacted? <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email*			
<i>*Please note, you may be sent an encrypted email, if the email contains the student's name or personal information.</i>			
Services Information			
	Yes	No	Unsure
Are you a client with Developmental Disabilities Administration (DDA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you applied to Division of Vocational Rehabilitation (DVR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive Supplemental Security Income (SSI)/Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive Social Security Benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received benefits planning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like help applying for any of these benefits? If yes, which ones? <input type="checkbox"/> DDA <input type="checkbox"/> DVR <input type="checkbox"/> SSI/Medicaid			

Acknowledgement of Understanding

- The student meets all eligibility requirements:
 - Eligible for Developmental Disabilities Administration (DDA) services.
 - 19-20 years of age for Job Foundation; or 20-21 years of age for School to Work.
 - Enrolled in a Thurston/Mason County school district. **Note: Student must remain enrolled in school throughout the program.**
 - **Committed to finding a job *before* exiting the last year of school.**
 - Have obtained or are willing to apply for:
 - SSI/Medicaid benefits
 - Washington State ID
 - Division of Vocational Rehabilitation (DVR) services

Initial _____
- Students are encouraged to interview a minimum of two employment support providers and **select a provider as early in the application process as possible** to ensure services are delivered in a timely manner. This is a working relationship that will continue throughout the time the student is participating in the Job Foundation and/or School to Work program(s), so make sure the provider is a good fit for you.

Initial _____
- **This program requires a team approach.** Key team players include: the student, parent/guardian, employment support specialist, teacher/school staff, DVR counselor, DDA case manager, and County High School Transition Coordinator. **The team is expected to meet approximately four times during the year, or as needed, and all team members are expected to attend.**

Initial _____
- Students are expected to **develop a reliable transportation plan**, outside of school transportation, to get to their job on time, as this will be required once school services are completed. Possible options for transportation are family/friends, community bus, Dial-a-Ride/Dial-a-Lift.

Initial _____
- Work schedules may include evening and/or weekend hours. Students may be expected to go to work even if there is a school closure due to weather, holidays, early dismissal, etc. **Students need to make work a priority and schedule school and recreational activities around their work schedule.** Students and their support team need to communicate directly with employers if they are **sick, late, or wish to request time off for vacations or special events.** Please update your team in advance of extended vacations.

Initial _____
- **The Job Foundation and School to Work programs do not guarantee that all students will leave school with a job.** These programs provide an opportunity to work toward this goal while the student is still in school. Even if a student does not exit school with a job, the student will have acquired work skills to help in obtaining and reaching his/her employment goals.

Initial _____
- **This program does not guarantee the availability of long-term funding.** The program is funded by Thurston/Mason County Developmental Disabilities using limited County funds through the end of the school year only. DVR is a funding partner for School to Work; however, they do not provide funding for long-term support. This support can be critical to maintaining employment and can be essential to building a career path. **Each student and/or their parent/guardian is required to learn about their long-term funding options, which is funded by DDA waivers.**

Initial _____

Certification and Disclaimer

- I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. Upon request, I will be provided information on equal opportunity and appeal rights and the Privacy Act of 1974.
- I authorize the County to assist my student with Job Foundation / School to Work supports and activities.
- I grant permission for my student to fully participate in educational, training, and employment-related counseling activities for Job Foundation/School to Work provided or arranged by the County.

I have read the information about the program I am applying for. In signing this application, I certify that my answers are true and complete to the best of my knowledge and agree to the responsibilities of the student and parent/guardian.

Student (Print Name)

Student Signature

Date

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date



Thurston/Mason County Developmental Disabilities Consent to Share Information



Thurston/Mason County Developmental Disabilities works with the Developmental Disabilities Administration (DDA), Division of Vocational Rehabilitation (DVR), and various local organizations to provide employment and other supportive services to adults with developmental disabilities and their family members. By signing this form, you are giving permission for the County and the agencies and individuals listed below to share information so that we can work as a team to help you achieve your goals.

Student Information

Name	Parent/Guardian	Date
Address	City	State
		Zip Code
Birthdate	Phone Number	Email

Consent/Authorization

I consent to the sharing of confidential information about me for the purpose of helping me with planning, service coordination, and resource identification. I further grant permission to Thurston/Mason County Developmental Disabilities staff and the below listed agencies, organizations, or persons to use my confidential information and disclose it to one another for these purposes. Information may be shared by computer data transfer, mail, hand delivery, or verbally.

- ☒ DSHS Divisions and Administrations including but not limited to, Developmental Disabilities Administration (DDA), Division of Vocational Rehabilitation (DVR), Children's Administration, Financial Services, Office of the Deaf and Hard of Hearing (ODHH), Department of Services for the Blind (DSB), etc.
- ☒ School District (write in): _____
- ☒ Parent/Guardian Name(s) (write in): _____
- ☒ County-Contracted Service Provider (select one): ☐ Centerforce ☐ EFI ☐ Morningside ☐ Vadis
- ☐ Other: _____

I authorize and consent to sharing of the following records and information (check all that apply):

- ☒ Name, address, and phone number ☒ Information pertaining to my educational experience
- ☒ Information pertinent to training or employment ☐ Other: _____

PLEASE NOTE: If your confidential records include any of the following information you must also complete this 'Special Records' section to allow disclosure of these records.

Special Records: I give permission to disclose the following records (check all that apply):

- ☐ HIV/AIDS and STD test results, diagnosis, or treatment records (RCW 70.24.105)
- ☐ Mental health records (RCW 71.05.620) including: _____
- ☐ Chemical Dependency (CD) records (42 CFR Part 2) including: _____
- ☐ Community Protection

Notice to those receiving information: If these records contain information about HIV, STDs, or alcohol or drug abuse, you may *not* further disclose that information under federal and state law without specific permission of the subject and meeting specific requirements.

This consent is valid until no longer necessary or until _____. I understand that I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared. A copy of this form is valid to give my permission to share information.

Student Signature	Date
Guardian/Representative (if applicable)	
Signature _____	Print Name _____
I am the <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Representative Payee <input type="checkbox"/> Other _____ Date _____	

Please return this signed form to:
Thurston/Mason County Developmental Disabilities
412 Lilly Road NE
Olympia, WA 98506

Or, email or fax to:

HST.Coord@co.thurston.wa.us
Secure Fax: (833) 499-1806
Phone: (360) 867-2518