



King County

Developmental Disabilities Division

2015-2016 School-to-Work (S2W) Application

(9/8/14)

Date		School District		Teacher's Name	
KING COUNTY RESIDENT?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, record the county where you live: _____	
Student's Name:					
		Last Name		First Name Middle Initial	
Address:					
		Street		City Zip Code	
Contact:					
		Home Phone		Cell E-Mail	
Own Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No					
PRIMARY CONTACT / GUARDIAN / SUPPORT PERSON: <u>(Must include guardian if student is not own guardian)</u>					
Name		Relationship to student		Primary Phone E-Mail Address	
Name		Relationship to student		Primary Phone E-Mail Address	
DEMOGRAPHIC INFORMATION (2015-2016 Eligibility: 9/1/94 – 8/31/95 DOB)			DSHS/DDA INFORMATION		
BIRTHDATE:			DSHS/DDA Status: (✓ all that apply)		
Month Day Year			<input type="checkbox"/> Have Case/Resource Manager / NAME: _____		
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> No Case/Resource Manager <input type="checkbox"/> Applying / Reapplying / Appealing		
			<input type="checkbox"/> Basic Plus Waiver <input type="checkbox"/> Core Waiver		
			<input type="checkbox"/> CIIBS Waiver <input type="checkbox"/> Community Protection		
			<input type="checkbox"/> State Supplemental Payment (SSP) <input type="checkbox"/> Unsure About DDD Status		
STUDENT LIVING SITUATION			EDUCATIONAL STATUS		
Who do you live with now? (✓ all that apply)			Are you currently attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Alone / Self Only <input type="checkbox"/> Foster parents			Name of School / School Program: _____		
<input type="checkbox"/> Parents <input type="checkbox"/> Group home			Exit year: _____		
<input type="checkbox"/> Friends or other relatives <input type="checkbox"/> Sibling(s)					
<input type="checkbox"/> Adult family home <input type="checkbox"/> Supported living					
<input type="checkbox"/> Partner/spouse <input type="checkbox"/> Detention			DSHS/DVR INFORMATION		
<input type="checkbox"/> Homeless <input type="checkbox"/> Shelter			Have you applied to DVR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Institution			DVR Counselor's name? _____		
RACE/ETHNIC GROUP (✓ all that apply)			SOCIAL SECURITY BENEFITS & INCOME (✓ all that apply)		
<input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan			SSI / MEDICAID BENEFITS <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian			SSDI / CDB (DAC) / MEDICARE BENEFITS <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander			CASH BENEFIT: SSI: \$ _____ SSDI / CDB (DAC): \$ _____		
Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			OTHER: _____		
Language: _____			Is the student employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ASL: _____			If so, how much is the student earning monthly? \$ _____		
Other: _____					

STUDENT'S NAME: _____
Last Name First Name Middle Initial

STUDENT CERTIFICATION / AUTHORIZATION

- 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 am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury if I intentionally supplied inaccurate or misleading information. 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 Department of Social and Health Services, Developmental Disabilities Administration to release information to the King County Developmental Disabilities Division (KCDDD). This exchange is authorized for information relevant to eligibility determination and coordination of service delivery and all information will be kept confidential.
- I authorize the KCDDD to contact me after termination of services to offer additional services and to inquire about the long-term consequences of participation in the School-to-Work (S2W) Program.

GUARDIAN SIGNATURE IS REQUIRED BELOW

- I authorize KCDDD to assist my student in obtaining unsubsidized employment.
- I authorize the exchange of information between the KCDDD and any school, school district, or college in which my student is or has been enrolled. This exchange is authorized for any information relevant to the success of my student's participation in the S2W Program and related activities. I understand that It may include standardized test results, transcripts, attendance records, performance reports and information from counselors, teachers, and other staff.
- I grant permission for my student to fully participate in educational, training, employment related counseling activities provided by the KCDDD.
- I grant permission for my student to participate in and to go on any education, work, or training related field trips or activities arranged by the KCDDD.
- I will provide any medical information that will assist the KCDDD in providing services to my student (include any physical, mental, or emotional challenges, allergies, as well as prescribed drugs your student is taking).

Specify: _____

- I authorize the use of my student's name and likeness in public displays or media releases to promote community awareness of our programs.

SIGNATURES

Student _____

Date: _____

Guardian _____
(If other than Student)

Date: _____



King County AGREEMENT FOR RELEASE OF INFORMATION

Student Name: _____

Last Name

First Name

Middle Initial

I grant permission to the agency checked below:

- | | |
|---|--|
| <input checked="" type="checkbox"/> King County Department of Community and Human Services | <u>Developmental Disabilities Division</u> |
| <input checked="" type="checkbox"/> Washington State Department of Social & Health Services | <u>Division of Vocational Rehabilitation</u> |
| <input checked="" type="checkbox"/> Washington State Department of Social & Health Services | <u>Developmental Disabilities Administration</u> |
| <input type="checkbox"/> Juvenile Court, Department of Corrections | |
| <input type="checkbox"/> United Indians of All Tribes Foundation | |
| <input checked="" type="checkbox"/> Public School(s) Attended | |
| <input type="checkbox"/> Community College: | |
| <input type="checkbox"/> Vocational Technical Institute: | |
| <input type="checkbox"/> GED Testing Board: | |
| <input checked="" type="checkbox"/> Employment Vendors contracted with KCDDD | |
| <input type="checkbox"/> Adult Family Home Provider: | |
| <input type="checkbox"/> Residential Services Provider: | |

To release financial or any other necessary information regarding planning and providing vocational services

- | | |
|---|--|
| <input checked="" type="checkbox"/> King County Department of Community and Human Services | <u>Developmental Disabilities Division</u> |
| <input checked="" type="checkbox"/> Washington State Department of Social & Health Services | <u>Division of Vocational Rehabilitation</u> |
| <input checked="" type="checkbox"/> Washington State Department of Social & Health Services | <u>Developmental Disabilities Administration</u> |
| <input type="checkbox"/> Juvenile Court, Department of Corrections | |
| <input type="checkbox"/> United Indians of All Tribes Foundation | |
| <input checked="" type="checkbox"/> Public School(s) Attended | |
| <input type="checkbox"/> Community College: | |
| <input type="checkbox"/> Vocational Technical Institute: | |
| <input checked="" type="checkbox"/> Employment Vendors contracted with KCDDD | |
| <input type="checkbox"/> Adult Family Home Provider: | |
| <input type="checkbox"/> Residential Services Provider | |

I understand that this information will be kept confidential and will not effect my services with the King County Developmental Disabilities Division.

Student Signature

Date

Guardian Signature (if other than student)

Date



King County

Department of Community and Human Services

Developmental Disabilities Division

401 Fifth Avenue, Suite 520

Seattle, WA 98104

Phone: 206-263-9061

TTY: 711

FAX: 206-205-1632

www.kingcounty.gov/ddd/

Photographic Consent and Release

School-to-Work Best Practices: Brochures, Promotional Materials, Videos and Success Stories.

Student's Name

Address

City, State, Zip

I hereby consent to and authorize use and reproduction of all photographs taken of me for purposes of World Wide Web internet pages, publication, display, video presentations, and advertising for King County. I understand that all digital files, negatives, positives, prints and transparencies will be King County's property and can be used and reproduced without compensation to me. King County's photographs are in public domain and cannot be copyrighted or used commercially.

I hereby release and discharge King County and writer from any and all claims and demands arising out of or in connection with the use of the photographs and text, including any and all claims for libel.

☐

I am 18 years of age or older

Signature of Student

Date

COMPLETE IF MODEL IS UNDER 18 YEARS OF AGE or Has a Guardian

I certify that I am the guardian of the named model and I give my consent without reservation for King County/Metro's use and reproduction of the photographs described.

Signature of Guardian (if other than student)

Date

Although model releases are not normally required for news and journalistic photos, they can reduce King County's liability for invasion of privacy. The forms are not required for: groups at public events, King County employees performing official duties, and news photos (unless they may be deemed embarrassing). Model releases are required for photos used on the internet. If requested not to photograph a particular person, the photographer should comply. When possible, the photographer should inform those photographed of the general purposes of the photographs. If anyone desires to restrict the use to specific publications or other purposes, this should be noted on the consent form and initialed by the model and the photographer. Signed consent forms should be retained by the agency as long as the digital files, transparencies, prints or negatives are kept by King County.



King County

Department of Community and Human Services
Developmental Disabilities Division

King County School-to-Work (S2W) Program Information for Students, Families, Guardians, and Key Supports

It is important that the key people in the student's life understand the opportunities and responsibilities of the King County S2W Program and agree to support and participate in the steps along the way to finding paid employment. This document gives you the most frequently asked questions and features of the S2W Program and spells out the roles and responsibilities of students and key support people.

What are the responsibilities of the family/key support person and student?

- Learn how the program works and agree to learn about the following topics as they relate to their student's work goals.
 - Social security Benefits and Work
 - Funding for Employment Services Initial _____
- Attend a **Transition Fair** held in the spring to learn about adult services, School-to-Work, and meet the Employment Agencies. Initial _____
- **Work closely with your District** if it has an embedded vendor. If not, the student and key support people are encouraged to **interview three Employment Agencies to decide what Agency that they want to work** with and meet their Employment Consultant (Job Coach) before the summer begins. Initial _____
- **Parents and other key support people should be part of the job development process** through sharing creative ideas, community connections, and contact information of their own friends and family networks as needed. Most people find their first job through their family connections! Initial _____
- **The student must stay enrolled in school:**
 - School staff provide training and internship support; they can only do this if a student is enrolled.
 - Sometimes students lose their first jobs and need to return to the district for services until another job is found.
 - Students who receive Supplemental Security Income (SSI) may be eligible for a Student Earned Income Exclusion **while they are enrolled in school** (learn more at *Social Security Benefits and Work Training*). Initial _____

How do all of the players work together?

This program requires a team approach. Key team players include: the student, parent, or key support person, the teacher and other school staff, the employment specialist from your chosen Agency and the Washington State Department of Social and Health Services Division of Vocational Rehabilitation (DVR) Counselor, Developmental Disabilities Administration Case Manager (where applicable).

- **Establishing open communication and clear expectations is essential to success in this program.** It is important to develop a good relationship with your Agency, so you can talk about issues before they become problems. Most issues are due to simple miscommunications, so be proactive and call your Employment Specialist if you are confused about the process and/or timelines. Other issues may be due to the difference between the way adult services and school services are provided. Initial _____
- **The team is expected to meet and communicate on a regular basis** to brainstorm, develop strategies, and negotiate responsibilities around job development and training. Expect a Planning Meeting to be scheduled; take the initiative and schedule Team Meetings. Initial _____

What happens when the student gets a job?

Employment Specialists will be encouraging and training students to be as independent as possible in all tasks and will ask that key support people and educators do this as well. Schedules and daily routines may change significantly once a student begins working. Key support people can support at home through these changes by reinforcing the learning of these new concepts and continuing to talk with the student about the importance and value of work. **Safety and supervision concerns** will be addressed and heard; however, people will be encouraged to take **reasonable risks** and develop natural support strategies. The more independent students can learn to be in the community the more employment opportunities they will have.

- Students will be expected to learn how to use **community transportation** such as Metro or Access to get to their jobs on time. Initial _____
- **Work schedules** may include evening and/or weekend hours. Student's may be expected to go to work even if there is a school closure due to weather, holidays, early dismissal, etc.
 - Students and their support team will need to communicate directly with employers if they are **sick, late, or wish to request time off for vacations or special events.** Initial _____
 - **Work schedules may conflict with school activities, such as recreational outings, assemblies, birthday parties, etc.** It may be possible to negotiate certain days off; but if not, we ask that the team support students to choose work and find ways to use money earned or other time off to create a good work/life balance. Initial _____

- Students may need to follow a **dress code** or wear a uniform at work. They may need assistance at home to ensure that they get up on time, shower, have clean, well-fitting, professional looking clothes and their appearance and personal hygiene are appropriate for the workplace. Whenever possible encourage students to participate in these tasks! Initial _____
- **Work may not fill up a student's day or week in the same way that school did.** While students are encouraged to work as close to full-time as possible most students begin with part-time jobs. While the most important goal of the program is a paid job, students and their key support people are encouraged to use the last year of school to **develop plans and resources in addition to work** to create a full and meaningful life for the student after school ends. Initial _____

Can the S2W Program guarantee that each student has a job that he or she wants?

- **This program does not guarantee that all students will leave school with a job.** It provides an opportunity to work toward this goal while the student is still in school. If a student does not leave school with a job, they will have made connections with the key agencies for creating a plan after school. Initial _____
- We encourage students and their support teams to work toward their fullest potential in finding a great job match, building a resume, and taking steps on a career path. **Like most of us, a student's first job is usually not the job of their dreams, but it is a first step.** Initial _____
- **This program does not guarantee the availability of long-term funding.** The program is funded by KCDDD using limited County millage Funds through the end of the school year. The DSHS/DVR is a funding partner in this project; 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 key support person is required to learn about their long-term funding options.** Initial _____

Can a student change provider agencies or drop out of the program?

- Students may choose to change providers either through the S2W program or after the S2W program. However, changing providers during S2W with its short timeline can negatively impact service delivery. Availability of a new provider is not guaranteed. We ask that students and their support team **take time to interview at least Three Employment Agencies or work closely with their District in collaborating** with their partnering provider. Initial _____
- **The services of the S2W Program are not an entitlement.** The KCDDD is not required by law to provide these services. The KCDDD does not want to spend limited resources on services that people do not want or allow services to be negatively impacted by a support team that has different goals for the student. Initial _____

- KCDDD asks the primary support person in each student's life to learn about and participate in the program and support the student's employment goals. If during the course of the program the Agency finds that the student or their support team will not support the student's employment goals, and there has been a reasonable effort to communicate around the issues, they will **notify the S2W Program Manager** who will try to resolve the issue. The KCDDD reserves the right to terminate payment for services until the situation is resolved. Initial _____
- If the student or their support team feels that the Agency is not providing key services despite reasonable efforts to communicate, it is their responsibility to **notify the S2W Program Manager**. The Program Manager will work with the team to resolve the situation if possible and if not will provide the student with other options for support services through another agency. Initial _____

I have read the above document. I understand and agree to the responsibilities of the parent/guardian/key support person and the student.

Student Signature

Date

Primary Support Person Signature

Date

Guardian Signature (if other than Student or Primary Support)

Date

**Give This Application to Your Teacher
Or Mail it to:**

Developmental Disabilities Division
Department of Community and Human Services
CNK-HS-0520
C/O Richard Wilson, School-to-Work
401 Fifth Avenue, Suite 520
Seattle, WA 98104-2377

Contact Information:

Richard Wilson
School-to-Work Program Manager
Phone: 206-263-9044
Email: Richard.Wilson@Kingcounty.gov