****

**Department of Community and Human Services**

**Developmental Disabilities and Early Childhood Supports Division**

**Service Change Request**

**July 1, 2023 – June 30, 2024**

**Use this form to request additional support hours for participants when the hours provided by the current County Service Authorization (CSA) are not sufficient, to request a CSA for an individual new to your agency, or to request a CSA for an existing client who is changing to a new service category (e.g., IE to CI).**

Please simultaneously email this request to the appropriate Developmental Disabilities Administration (DDA) Case Resource Manager **and** to King County’s service request inbox at [ddservice.requests@kingcounty.gov](mailto:ddservice.requests@kingcounty.gov?subject=Service%20Change%20Request).

**Submission Deadline – 10th Calendar Day:** If you wish for the request to be effective for the current month, the request must be submitted to King County and to the appropriate DDA Case Resource Manager by the 10th calendar day of the current month. Requests submitted after the 10th calendar day of the current month must include documentation of unanticipated and immediate need for consideration for the current month.

**To check and uncheck boxes, double click on the box; select “Checked” or “Not Checked” and click “Ok.” Enter text in gray boxes.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Today’s Date:** | **Employment Service Provider Agency:** | **Contact Person:** | **Phone:**  **(Include Area Code)** | **Email:** |

1. **Our Agency is requesting:**

|  |  |  |
| --- | --- | --- |
| **Participant’s ADSA ID:** | **A New CSA**  (Check this box if the individual is new to your agency, or is an existing client who is changing service categories) | **Modification to an Existing CSA** |

1. Participant’s Current DDA Case Resource Manager is:

|  |  |  |
| --- | --- | --- |
| **DDA Case Resource Manager:** | **Phone:**  **(Include Area Code)** | **Email:** |
|  |  |  |

1. **Employment Information**

Employer Name:       Employment Start Date:

Employer Location (City):       Job Type (i.e. – restaurant, office support, etc.):

1. **Typical Work Schedule:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Work Day** | **Start Time** | **End Time** | | **Number of Hours Worked** |
| Sunday |  |  | |  |
| Monday |  |  | |  |
| Tuesday |  |  | |  |
| Wednesday |  |  | |  |
| Thursday |  |  | |  |
| Friday |  |  | |  |
| Saturday |  |  | |  |
| **Total Number of Hours Worked Per Week:** | | | **Hourly Wage:** $      **per hour** | |

1. **Reason for Request:**

Beginning a new job (for increased hours needed **after** completing a DVR Intensive Training plan)

Change in job duties

Current employment is at risk; additional short-term supports are needed

Increased support to obtain employment

Individual is in GSE; requesting add-on hours for community-based job development activities

Other

1. **What is Happening – why is your agency requesting additional service hours (please be specific)?**

1. **How many total support hours is your agency requesting, per month?**
2. **Your agency anticipates needing the support hours beginning on (enter**[[1]](#footnote-2)**):**
3. **Your agency anticipates that need for support hours will end on (enter date):**
4. **Of the total number of support hours that your agency is requesting per month (question 7), please *estimate* how many hours will be devoted to each of the following employment phases (see footnote**[[2]](#footnote-3)**):**

**PHASE 1**: Intake/Discovery Hours:

**PHASE 2**: Job Development/Marketing Hours:

**PHASE 3**: Job Support Hours:

**PHASE 4:** Record Keeping Hours:

“Record keeping” is time that is focused on the completion of incident reports, satisfaction surveys, maintenance of files/records, and reporting wage/hour information. **All other types of activities (e.g. – preparing an Employment Plan, contacting prospective employers, etc.) should be recorded under the individual’s current phase of employment – intake/discovery, job development/marketing, or job support.**

1. **REQUIRED: FADING PLAN –** Please describe your agency’s plan to decrease paid support hours and increase the employee’s independence at work, over time. **Requests submitted without a fading plan will be returned.**
2. Transportation: Does the participant need support to use Paratransit services?

Yes  No

1. **REQUIRED: DVR STATUS** – is this individual currently enrolled in DVR?  Yes  No
2. For new jobs, please enter the job stabilization date (from the DVR Intensive Training Plan):
3. Who is the participant’s DVR Counselor?
4. **If the client is not currently enrolled in DVR**, please provide a detailed explanation indicating why they are not connected with DVR at this time. **Requests submitted without this information will be returned.**

1. **Additional support hours may be requested for a period of up to six months.** However, for individuals who need additional support to learn COVID-19 safety protocols, requests for additional support hours should initially be limited to three months. [↑](#footnote-ref-2)
2. **For unemployed individuals, only document hours in Phases 1, 2 or 4**. [↑](#footnote-ref-3)