



**Department of Community and Human Services
Developmental Disabilities and Early Childhood Supports Division
School-to-Work Exit and CSA Request**

Thoroughly complete this request and email to S2WReports@kingcounty.gov for approval.
Incomplete requests may be returned and could delay processing

STUDENT AND PROVIDER INFORMATION

Student's Name: _____ ADSA ID #: _____ Today's Date: _____

Provider: _____ Contact: _____ Phone: _____ Email: _____

STUDENT IS CURRENTLY EMPLOYED *(if not yet employed, complete next section)*

Requested CSA Start Date:

Employer: _____ Employment Start Date: _____

Typical Work Schedule: (Example: 6 hours; 9 am to 3:30 pm)

Monday	Hours: _____	Hourly Wage: _____
Tuesday	Hours: _____	
Wednesday	Hours: _____	
Thursday	Hours: _____	
Friday	Hours: _____	
Saturday	Hours: _____	
Sunday	Hours: _____	
Total Work Hours:	 	

Is the Student stable on the job?

Yes: DVR Verified Date: _____ No: Anticipated Date: _____

A CSA Approval is Dependent on Written DVR Confirmation of Stabilization to the County

Describe the support provided: _____

Describe the plan to decrease support hours, if applicable: _____

Requested Monthly Support Hours:

Job Support	Hours: _____
Record Keeping	Hours: _____
Access/Transit Wait	Hours: _____
Total Requested Support Hours:	



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STUDENT IS NOT CURRENTLY EMPLOYED *(Complete section A or B below)*

A) Placement is expected by September 30 and extending the S2W SDOP:

Requested CSA Start Date:
(Upon placement, update page 1 including requested CSA start date)

B) Placement is not expected by September 30 and opening a DVR Monitoring Plan:

Requested CSA Start Date: *(Date requested cannot be earlier than 7/1/21)*

Current and anticipated support needs *(check applicable boxes):*

Behavior Support: <input type="checkbox"/>	Communication Support: <input type="checkbox"/>
Language / Cultural Barriers: <input type="checkbox"/>	Personal Care: <input type="checkbox"/>
1:1 or High Individual Staffing: <input type="checkbox"/>	Health: <input type="checkbox"/>
Other (Describe): _____	

Describe support needs checked above:

Student's current employment goal:

The student's DVR case is open and on a DVR monitoring plan: Yes: No:

If "No", state why the student is not currently on a DVR monitoring plan:

Support hours requested to achieve the employment goal:

Job Development / Marketing	Hours: _____
Record keeping	Hours: _____
Other	Hours: _____
Total Requested Support Hours:	<input type="text" value=""/>

For County Use Only: _____