

## Developmental Disabilities and Early Childhood Supports Division (DDECSD) School-to-Work (S2W) Application

Date		School District					Teacher's Name		
	me of I/Program						Exit Year		
KING C					If no, re	ecord the	e county whe	ere you live:	
Student	's Name:								
		Last N	ame			Fist Name		Middle Initial	Preferred Name
Address	<b>S:</b>	Street			(	City		Zip C	ode
Contact: Home Phone Cell E-Mail				il					
Own Le	Own Legal Guardian?								
PRIMAR	RY CONTACT	/ GUARD	IAN / SUPP	ORT PERS	SON:	(Must ir	nclude guar	<u>dian</u> if student is no	ot own guardian)
Name			Relations	ship to stude	nt	_	Primary Pho	ne	E-Mail Address
Name			Relations	ship to stude	nt	_	Primary Pho	ne	E-Mail Address
	DEMO	GRAPHIC	INFORMAT	ION		С		of Social and Healt bilities Administrat	h Services Developmental ion INFORMATION
BIRTHD	ATE.					DSHS/DDA Status: (√ all that apply)			
BIKTHU	Mon	th	Day	Y	/ear	Are y	ou currently	y a client of DDA: $\Box$	] Yes □ No
OENDE	<b>D</b>	M-1-	□ <b></b>	-1-		□ Ар	plying / Rea	pplying / Appealing	
GENDEI	r to self-desc	Male ribe·	☐ Fema			If uns	If unsure, call 206-568-5700		
	r not to say					Name of Case Manager (if known):			
	RACE/ET	HNIC GRO	OUP (√ all tha	it apply)					h Services Department of
☐ White		☐ An	nerican Indian/	Alaska Native	9	Vocational Rehabilitation INFORMATION  Have you applied to DSHS/DVR: ☐ Yes ☐ No			
	African America	n 🗆 As	sian/Asian-Ame	erican		паче	you applied	a to DSHS/DVK: 🗆	res 🗆 No
☐ Hispanic/Latino ☐ Na☐ Race Not Listed:		ative Hawaiian/Pacific Islander		ler	Name of DVR Counselor (if known):				
□ Race N	Not Listed:						SOC	IAL SECURITY BEI	NEFITS & INCOME
Preferred	Language:					Are y		g Social Security B	
ASL:	☐ Yes	□ No							
Interpretei	r Requested:	☐ Ye	s	□ No		Amou	ınt: \$		
Other:									

STUDENT'S NAME:			
	Last Name	First Name	Middle Initial

#### STUDENT CERTIFICATION / AUTHORIZATION

- I promise the information in this application is true to the best of my knowledge. I know someone may check the information and may ask me for more documentation. I am also aware that if the information is not true, I can be terminated from the program if I am found ineligible and may be prosecuted for fraud and/or perjury if I purposely lied on the application. I allow this information to be used to see if I am eligible. I will be given information about equal opportunity and appeal rights and the Privacy Act of 1974, upon my request.
- I authorize the Department of Social and Health Services, Developmental Disabilities Administration (DSHS/DDA) to give information to the King County Developmental Disabilities and Early Childhood Supports Division (DDECSD) to see if I am eligible and to help me get services. All information will be kept confidential.
- I authorize DDECSD to contact me after this program ends to offer me other services and to ask about the long-term consequences of participation in the School-to-Work (S2W) Program.

#### **GUARDIAN SIGNATURE IS REQUIRED BELOW**

- I authorize the DDECSD to assist my student in obtaining employment.
- I authorize the exchange of information between the DDECSD 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, and employment related counseling activities provided by the DDECSD.
- I grant permission for my student to participate in and to go on any educational, work, and training related field trips or activities arranged by the DDECSD.
- I will provide any medical information that will assist the DDECSD 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:



	Last Name	First Name	Middle Initial
	I grant permission to the agency checked below:		
Х	King County Department of Community and Human Services	Developmental Disabilities & Ear	ly Childhood Supports Division (DDECSD)
Х	Washington State Department of Social & Health Services	Division of Vocational Rehabilitat	ion (DVR)
Х	Washington State Department of Social & Health Services	Developmental Disabilities Admir	nistration (DDA)
Х	Washington State Department of Services for the Blind		
Х	Washington State Counties: past, current, or future residence		
Χ	Juvenile Court, Department of Corrections		
X X	United Indians of All Tribes Foundation Public or Private School(s) Attended		
Χ	Community Colleges applied and/or attended		
Х	Vocational Technical programs applied and/or attended		
Х	Employment Vendors contracted with DDECSD		
Χ	Advocacy Organizations	Arc of King County, Open Doors	for Multicultural Families
Х	Residential or Adult Family Home Services Provider		
Χ	Technical Assistance Vendors contracted with DDECSD		
То	release financial or any other necessary information regarding pla	nning and providing vocational servi	ces
Х	King County Department of Community and Human Services	Developmental Disabilities & Ear	ly Childhood Supports Division (DDECSD
Х	Washington State Department of Social & Health Services	Division of Vocational Rehabilitat	ion (DVR)
Х	Washington State Department of Social & Health Services	Developmental Disabilities Admir	nistration (DDA)
Χ	Washington State Department of Services for the Blind		
Χ	Washington State Counties: past, current, or future residence		
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Χ	Advocacy Organizations	Arc of King County, Open Doors	for Multicultural Families
Х	Residential or Adult Family Home Services Provider		
Χ	Technical Assistance Vendors contracted with DDECSD		
Stu	dent Signature	Date	
Gu	ardian Signature (if other than student)	Date	<del></del>



Department of Community and Human Services

Developmental Disabilities and Early Childhood Supports Division
401 Fifth Avenue, CNK-HS-0500

Seattle, WA 98104 Phone: 206-263-9105 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	
of World Wide Web internet pages, publication, display, that all digital files, negatives, positives, prints and tra reproduced without compensation to me. King County'	ce to use and reproduce of all photographs taken of me for purposes, video presentations, and advertising for King County. I understand ansparencies will be King County's property and can be used and 's photographs are in public domain and cannot be copyrighted o not limited to brochures, videos, success stories, legislative forum
I hereby release and discharge King County and writer f with the use of the photographs and text, including any	from any and all claims and demands arising out of or in connection 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 AGI I certify that I am the guardian of the named model and and reproduction of the photographs described.	E or Has a Guardian I I give my consent without reservation for King County/Metro's use
Signature of Guardian (if other than student)	Date
Although model releases are not removed by required for require	modiation batas, they are reduce King Countyle liability for invasion of universe. The

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.



### Department of Community and Human Services **Developmental Disabilities and Early Childhood Supports Division**

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

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

### What are the responsibilities of the family/key support person(s) 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, Work Incentives, and Work / Medicaid and Work
     Funding for Employment Services
- Attend community outreach events to learn about the transition from school to adult services, understand the School-to-Work program, and connect with School-to-Work Employment Service Agencies.

  Initial
- Work closely with your District. Find out if the district has selected an Employment Service Agency to work with all students through the embedded model. Initial\_\_\_\_\_
- If not, the student and key support person(s) are encouraged to interview three
   Employment Service Agencies to decide which Agency they want to work with and
   meet their employment consultant (coach, specialist). Students participating in Job
   Foundations are encouraged to choose an Agency in the Fall of their second-to-last year
   of transition. All students are encouraged to have their Agency selected no later than
   summer before their last year of transition
   Initial
- Students will be responsible for their own transportation with a priority to learn how to use community transportation such as Metro or Access, prior to gaining employment.

  Initial
- Parents and other key support persons should be part of the job development process through sharing creative ideas, community connections, and contact information for potential leads as needed. Most people find their first job through their family connections!
- Students <u>must</u> stay enrolled in school:
  - School staff provide training and internship support; they can only do this if students are stay enrolled. Jobs can be included as part of the school day and students may spend very few hours in the classroom.
  - Sometimes students lose their first jobs and need to return to the district for services until another job is found.

#### How do all the players work together?

**This program requires a team approach!** Key team members include the student, their family/key support person(s), their teacher and other school staff, the Employment Service Agency, the Washington State Department of Social and Health Services Division of Vocational Rehabilitation (DSHS/DVR) Counselor, and the Developmental Disabilities Administration (DDA) Case Manager.

- Establishing open communication and clear expectations is essential to success. It is important to develop a good relationship with your Employment Service Agency, so you can talk about issues before they become problems. Let them know your preferences and expectations from the beginning. Most issues are simple miscommunications. Be proactive and call reach out to them if you are confused about the process. Other issues may be due to the difference between the way adult services and school services are provided.
- Team members need to meet and communicate on a regular basis to brainstorm, develop strategies, and negotiate responsibilities around job development and training. While there will be formal meetings with different partners including the Employment Service Agency and DVR, the student and family/support person(s) should be proactive about asking for a meeting if there are questions or concerns. The Employment Service Agency is required to provide written monthly report of activities and progress to the student and their support team.

#### What happens when the student gets a job?

Employment Service Agencies will work closely with the employer and student. They will provide students with additional training on the job to be as independent as possible in all tasks. Safety and supervision concerns will be addressed; however, people will be encouraged to take reasonable risks and develop natural support strategies. The more independent students can learn to be the more employment opportunities they will have.

Initial

**Schedules and daily routines may change** once a student begins working. The student's team can help by continuing to talk or offer other support through these changes and by reinforcing the value and importance of work.

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 should be supported as needed to communicate directly with employers if they are sick, late, or wish to request time off for vacations or special events.
  - 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 appropriate clothes, and their appearance and personal hygiene are appropriate for the workplace. Whenever possible encourage students to participate in these tasks!

• Work may not fill up a student's day or week in the same way school did. While students are encouraged to work as close to full-time as possible, most students begin with part-time jobs. While the primary goal of the program is a paid job, students and their family/key support person(s) 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.

#### Can the S2W Program guarantee that all students get a job they want?

- This program does not guarantee that all students will leave school with a job. It provides opportunities 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 key service agencies for creating a plan after school.
- We encourage students and their support team to work toward 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.
- This program does not guarantee the availability of long-term funding. The program is funded by DDECSD using limited County millage funds through the end of the school year. The DSHS/DVR is a S2W program funding partner, but 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 family/key support person(s) is required to learn about their long-term funding options including DSHS/DDA.

# Can a student change their provider agency or drop out of the program?

- Students may choose to change providers either during 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 3 Employment Services Agencies or work closely with their District in collaborating with their partnering agency.
- The services of the S2W Program are not an entitlement. The DDECSD is not required by law to provide these services. DDECSD asks students and their support team to thoughtfully consider the eligibility and participation requirements of the program prior to enrollment. It is important the student and their support team want to receive employment services and agree to actively participate in the program.
- If the student or their support team feels the Employment Service Agency is not delivering key services, despite reasonable efforts to communicate, it is their responsibility to notify a S2W Program Manager. A program manager will work with the team to resolve the situation. If resolution is not found, the program manager will provide the student and their support team options for support services through another agency.
- DDECSD asks that each student's primary support person(s) learn about the program, participate in, and support the student's employment goals. If during the program the Employment Service Agency finds the student or their support team will not support the student's employment goals, despite reasonable efforts to communicate, the provider will notify a S2W Program Manager who will try to resolve the issue. DDECSD reserves the right to terminate payment for services until the situation is resolved.

# I have read the full School-to-Work application. I understand and agree to the responsibilities of the parent/guardian/key support person and the student.

Student Signature	 Date	
otadent dignature	Duic	
Primary Support Person Signature	Date	
Guardian Signature (if other than student or primary support)	 Date	

#### **To Submit Your Application**

Please email <a href="mailto:S2Wreports@kingcounty.gov">S2Wreports@kingcounty.gov</a>, or mail it to

Department of Community and Human Services Developmental Disabilities and Early Childhood Supports Division 401 Fifth Avenue, CNK-HS-0500 Seattle, WA 98104

#### **S2W Program Managers:**

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Program Manager
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Richard.Wilson@Kingcounty.gov

TJ Protho Program Manager Phone: 206-930-2496 tprotho@kingcounty.gov Emily Hart
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