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**Developmental Disabilities and Early Childhood Supports Division**

**Request for Technical Assistance to Individuals**

**July 1, 2023 – June 30, 2024**

Use this form to request Technical Assistance (TA) for an individual served by your agency. Please email the request to your assigned Program Manager, Karla Lynch (karla.lynch@kingcounty.gov) **or** Gina Solberg (gsolberg@kingcounty.gov). **Do not use this form to request Technical Assistance for your agency.**

**To check and uncheck “yes” or “no” 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:** | **Point of Contact:** | **Phone:****(Include Area Code)** | **Email:** | **Preferred TA Start Date:** |
|       |       |       |       |       |       |

1. **PARTICIPANT’S ADSA ID NUMBER AND NAME OF PARTICIPANT’S DDA CASE RESOURCE MANAGER:**
2. **RELEASE OF INFORMATION:**

**Our Agency has a current Release of Information (ROI) form on file** that specifically provides our organization with permission to exchange written and/or verbal information with King County and WISE [ ]  Yes [ ]  No

**If no**, please obtain a current ROI form from the participant or legal guardian that provides your agency with permission to exchange written and/or verbal information with King County and WISE; retain the ROI on file at your agency.

1. **TYPE OF TA REQUESTED:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Additional/Intensive Employment Supports | [ ]  Person-Centered Planning | [ ]  Assistive Technology Training | [ ]  Other |

Is the participant currently employed in a paid position? [ ]  Yes [ ]  No [ ]  N/A

**If yes, complete the table below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current Employer:** | **Participant’s Job Title:** | **Total Number of Hours Worked Per Week:** | **Total Number of Shifts Per Week:** | **Current Hourly Wage Earned:** |
|       |       |       |       |       |

1. **WHY IS THIS TA NEEDED (please be specific)?**

1. **PREFERRED CONSULTANT – IF APPLICABLE:**

Name of consultant:       Email and/or Phone:

Have you already spoken with the preferred consultant regarding this request? [ ]  Yes [ ]  No

Why are you requesting this consultant?

1. **WHAT HAVE YOU ALREADY TRIED?**

What strategies/actions have you tried prior to making this request?

1. **WHAT DOES SUCCESS LOOK LIKE?**

When the TA is completed, what will happen differently (e.g. – what will the participant **AND** agency support staff learn or unlearn?)