

 <b>King County</b>	<p style="text-align: center;"> <b>Department of Community and Human Services</b>  <b>Developmental Disabilities and Early Childhood Supports Division</b>  <b>School-to-Work Exit and CSA Request</b>  <b>2025 Student Cohort</b> </p>
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Thoroughly complete this request and email to [S2WReports@kingcounty.gov](mailto:S2WReports@kingcounty.gov) for approval.

**Please submit a request for all S2W students who are working or leaving school**

***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: _____
DVR Counselor: _____	Phone: _____	Email: _____

☐ **STUDENT IS CURRENTLY EMPLOYED** (if employed, skip to page two)

☐ **STUDENT IS NOT CURRENTLY EMPLOYED: 7/1/25-CSA start date. Student will not be returning to school. CRMs, please refer to instructions below.**

<p><b>CRM Instructions:</b> This individual completed King County S2W and is continuing to seek employment. Requesting Individual Employment through DDA for continued Job Development. The Provider will work with DVR to request a DVR/DDA Intensive Job Placement Plan (Monitoring Plan). <b>Support hours requested will be equal to the maximum hours available based on student's acuity.</b> (Low=14, Medium=16, High=26)</p>
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Department of Community and Human Services  
Developmental Disabilities and Early Childhood Supports Division  
**School-to-Work Exit and CSA Request**  
**2025 Student Cohort**

**IF STUDENT IS CURRENTLY EMPLOYED:**

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.*

**Did Student utilize DVR Youth Extended Services?**

Yes: ☐ End Date: \_\_\_\_\_ No: ☐ Reason: \_\_\_\_\_

*Students still in school are only eligible for a CSA after 6 months of DVR Youth Extended Services unless otherwise approved.*

**Describe the support provided:** \_\_\_\_\_

**Describe the plan to decrease support hours, if applicable:** \_\_\_\_\_

**Requested Monthly Support Hours:** (estimate the hours that will be needed as of the requested CSA start date)

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

**Total Requested Support Hours:**       

**For County Use Only:**

Date sent to DDA:

Prior Approval required:

Waiver:

DDA CRM:

DDA Supervisor:

Other: *for example-student receiving SSP or HCS services. Student does not yet have Medicaid*

**DDA:** For questions, please contact the S2W team at [S2Wreports@kingcounty.gov](mailto:S2Wreports@kingcounty.gov)