



**Department of Community and Human Services
Developmental Disabilities and Early Childhood Supports Division
School-to-Work Exit and CSA Request
2023 Student Cohort**

Thoroughly complete this request and email to S2WReports@kingcounty.gov for approval.
Please submit an initial request for all S2W students no later than April 30, 2023

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: (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: _____



STUDENT IS NOT CURRENTLY EMPLOYED

7/1/23-CSA start date. Provider is not extending S2W and is forgoing the possibility of a S2W outcome

10/1/23-CSA start date. Provider is extending S2W and will submit new CSA request if employment is obtained.

This individual completed King County S2W and is continuing to seek employment. Requesting Individual Employment through DDA for continued Job Development. **Support hours requested will be equal to the maximum hours available based on student's acuity.** (Low=14, Medium=16, High=26)

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