Mason County Developmental Disabilities Program
High School Transition
School-to-Work Program Application

The transition from being a student to a working adult is an exciting time and journey. This journey, or transition, should be built on your dreams, hopes, goals and plans; and supported by the people in your life. Like most transitions, there can be uncertainties and different expectations. We hope that this application will assist you in understanding your role and responsibilities, and the role and responsibilities of the people who will be helping you on your journey from school to work.

This application is used to gather information needed by Thurston-Mason County Developmental Disabilities Program to assist you in your school-to-work transition. Signing the Consent to Share Information form gives Thurston-Mason County Developmental Disabilities School-to-Work Program permission to talk with your parents, teachers, and people from various agencies that you will meet along the way that will help you get a job. We will only share information with the people you say we can on this form for the purpose of helping you achieve your goals.

The application and consent forms have a line for you to write in the name of your parents, as well as an additional line if you would like to write in the name(s) of any other helpful person in your life that you would like to be a part of your team. This may be a coach, family member, or community member.

Please complete the attached application and return it to Thurston County Public Health and Social Services. Your teacher or parents can help you with this if you need assistance.

Thank you for your time in completing this application.

For more information, contact:
Lori McWilliams
High School Transition Coordinator
Thurston-Mason County Developmental Disabilities Program
412 Lilly Road NE
Olympia, WA 98506
Phone: 360-867-2519
E-mail: mcwilll@co.thurston.wa.us
Mason County Developmental Disabilities Program
High School Transition
School-to-Work Program

This High School Transition School-to-Work Program is for students who plan to leave school when they turn 21 years old. It is an opportunity to make a smooth transition from school to paid employment in the community. Finding success and meaning after finishing school will be a team effort. The following is a brief description of your responsibilities, and the role and responsibilities of others who will be helping you along the way.

What are my responsibilities?
One of your primary responsibilities is to stay in school. Sharing your ideas and thoughts with teachers and parents when working on your Individual Education Plan (IEP) is an important way to communicate what you would like to learn at school and through work experience.

Finding a job is a lot of fun and hard work. It will be important to make your job search and your new job a top priority. This means that there may be times when your job search or work schedule may conflict with a fun activity you had planned. Those helping you can offer assistance in creating a balanced life between work and play.

What are the responsibilities of my parents?
It is important for your parents to attend your IEP meetings, as well as other meetings with your team. Your parents can also help you apply for services that would be of help to you.

Your parents can also play a vital part in helping you to find a job by sharing creative ideas, and exploring their own community, friends, family, and co-workers. People often find their first job through these connections.

What are the responsibilities of my teachers?
One of your teacher’s primary goals and responsibility is to help you become as independent as you can be based on your skills and abilities. They are also a great resource. They know a lot about you and they want you to succeed.

What are the responsibilities of the employment agency?
An employment agency will work with you and your team to find you a job that fits well with your skills, abilities and interests. They will work with your employer and be there to help as you learn your new job.

What are the responsibilities of Washington State Division of Vocational Rehabilitation (DVR)?
Your DVR counselor is a work expert. They will help you put together a plan to find a job, and get the training you need to do your job.

What are the responsibilities of Washington State Developmental Disabilities Administration (DDA)?
You must be a client with DDA. Your DDA case manager will be a part of your team, and can also help you access services you may need. If you are not a client with DDA there are people who can help you apply.
Mason County Developmental Disabilities Program
High School Transition
School-to-Work Program Application

Student’s Name: ___________________________  ___________________________  ___________________________
Last Name  First Name  Middle Initial

Address: __________________________________  __________________________________  _______________________
Street  City  State/Zip Code

Contact: ___________________________  ___________________________
Home Phone  Cell Phone  E-mail

Contact Information of Parent(s) and/or other helpful person: List at least one personal contact in case of an emergency or for messages.

_____________________________________________  ___________________________  _______________________
Parent(s) Name  Phone Number  E-mail

_____________________________________________  ___________________________  _______________________
Other Helpful Person  Phone Number  E-mail

DEMOGRAPHIC INFORMATION

Birthdate: ___________________________  ___________________________  ___________________________
Month  Day  Year

Age: _______  Gender:  Male ☐  Female ☐

Spoken Language: ___________________________  Would you like an interpreter?  Yes ☐  No ☐

Do you use American Sign Language?  Yes ☐  No ☐

EDUCATIONAL STATUS

Are you currently attending school?  Yes ☐  No ☐  Not sure ☐

Name of your school: ___________________________

What is your final year of School?  ___________________________

DEVELOPMENTAL DISABILITIES ADMINISTRATION INFORMATION

Are you a client with Washington State Development Disabilities Administration (DDA)?

Yes ☐  No ☐  Not sure ☐

Would you like assistance to apply to be a client with DDA?

Yes ☐  No ☐  Not sure ☐

If you are uncertain if you are currently a client, please talk with your teacher.

BENEFIT INFORMATION

Do you receive Social Security Benefits?

Yes ☐  No ☐  Not sure ☐

Do you receive Supplemental Security Income (SSI)?

Yes ☐  No ☐  Not sure ☐

Do you receive Medicaid?

Yes ☐  No ☐  Not sure ☐

Would you like help applying for any of these benefits?

Yes ☐  No ☐

Note: Did you know that you can work and also receive Social Security Benefits?

DIVISION OF VOCATIONAL REHABILITATION INFORMATION

Have you applied for services with Washington State Division of Vocational Rehabilitation (DVR)?

Yes ☐  No ☐
Funding for the High School Transition School-to-Work Program as well as long-term supported employment services cannot be guaranteed for all students. Participants and their parents/significant adult(s) may need to learn about funding options.

I have read the information about the School-to-Work Program. In signing this application I am acknowledging that I understand and agree to my role and responsibilities in this program.

Student signature  Date

Parent signature  Date

Other helpful person signature  Date
THURSTON-MASON COUNTY DEVELOPMENTAL DISABILITIES
Consent to Share Information

Thurston-Mason County Developmental Disabilities works with the Developmental Disabilities Administration (DDA) and various local organizations to provide employment and other supportive services to adults with developmental disabilities and their family members. We can help you better if we are able to work with other agencies and professionals that know you and your family. By signing this form, you are giving permission for the County and the agencies and individuals listed below to share information about you.

### Client or Student Information

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<th>NAME</th>
<th>PARENT/GUARDIAN</th>
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### Consent:

I consent to the sharing of confidential information about me for the purpose of helping me with planning, service coordination, and resource identification. I further grant permission to Thurston-Mason County Developmental Disabilities and the below listed agencies, organizations, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or by computer data transfer, mail, or hand delivery.

Please check all below who are included in this consent in addition to Thurston-Mason County Developmental Disabilities and identify them by name:

- [ ] DSHS Developmental Disabilities Administration (DDA)
- [ ] JJRA Division of Vocational Rehabilitation (DVR)
- [ ] School District:
  ________________________________________________
- [ ] County Contracted Service Provider/s as identified by me: Career Quest
  ________________________________________________
- [ ] Parent:
  ________________________________________________
- [ ] Other:
  ________________________________________________

I authorize and consent to sharing of the following records and information (check all that apply):

- [ ] Name, address and phone number
- [ ] Information pertaining to my educational experience
- [ ] Information pertinent to training or employment
- [ ] Other: ________________________________________________

### PLEASE NOTE: If your confidential records include any of the following information you must also complete this ‘special records’ section to allow disclosure of these records.

SPECIAL RECORDS: I give permission to disclose the following records (check all that apply):

- [ ] HIV/AIDS and STD test results, diagnosis or treatment records (RCW 70.24.105)
- [ ] Mental health records (RCW 71.05.620) including:
- [ ] Chemical Dependency (CD) records (42 CFR Part 2) including:

This consent is valid until July 1, 2014.

I understand that I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared. A copy of this form is valid to give my permission to share information.

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If I am not the subject of this request, I am authorized to sign because I am the:

- [ ] Representative Payee
- [ ] Legal Guardian
- [ ] Other: ________________________________________________

Please return this signed form:

Attention: Lori McWilliams, Thurston-Mason County Developmental Disabilities Program
412 Lilly Road NE, Olympia, WA 98506
Phone: (360) 867-2519   Fax: (360) 867-2601   Email: mcwilll@co.thurston.wa.us

Notice to those receiving information: If these records contain information about HIV, STDs, or alcohol or drug abuse, you may not further disclose that information under federal and state law without specific permission of the subject and meeting specific requirement.