Supported Employment/Community Access
Request for Additional Service Hours
Thurston-Mason County Developmental Disabilities Program
Kim Jensen, Service Hour Coordinator, (360) 867-2518
Please send completed form to this email address: ddfunding@co.thurston.wa.us

Date of request:  Click here to enter a date.
Client Name: _____  ADSA ID: _____  Case Manager: _____
Provider: _____  Provider Contact and Phone: _____
Service: Choose a service.  ISP End Date:  Click here to enter a date.
Is client currently employed?  Choose one.  Employer: _____
Hours worked per month: _____  Monthly Earnings: _____
Has DVR Funding been explored?  Choose one (required).  Briefly explain your answer: _____

Highest number of support hours in previous 12 months: _____
  Current number of support hours: _____  +
       Number of additional monthly hours being requested: _____  =
   New Total of support hours needed per month: _____
Start Date:  Click here to enter a date.  End Date (if applicable):  Click here to enter a date.

☐ Add-on Hours  Reason for request:  Choose a reason (required)  Briefly explain: _____

☐ Short-Term Hours Increase
☐ Extension

Reason for request:  Choose a reason (required).  Briefly explain (required): _____

☐ Long-Term Exception to Rule (ETR)  Number of ETR hours requested: _____
Briefly explain (required): _____

To be completed by DDD
☐ Approved  for _____ additional hours.  New total support hours per month: _____
☐ Denied
Start Date:  Click here to enter a date.  End Date:  Click here to enter a date.
Additional hours approved by: _____  Comments: _____

To be completed by Thurston/Mason County
Amount added: _____  Additional funds approved by:  Choose a name.  Comments: _____

Updated 11/30/12