



Developmental Disabilities – Job foundation and School to Work Program

Student/Provider Agreement Form

I, _____, have selected _____
(Print Student's Name) (Employment Agency Name)
as my Employment Agency for the School to Work program and we will begin working together on this date:
_____.

By choosing this agency, and signing this form, I am requesting that Pierce County Developmental Disabilities (PCDD) Program pay this Agency for supported employment services through the Job foundation and School to Work Program, effective on the date written above.

My School to Work team consists of:

My Teacher, _____, at _____ School District

My Parent/Provider _____

My Employment Consultant, _____

My State Division of Vocational Rehabilitation Counselor, _____

My State Developmental Disabilities Case Manager (if applicable), _____

I understand the following about what it means to participate in School to Work:

- **Starting Fall 2023**, the provider will start working with my School to Work team to help me find a job before I leave school in June 2024; however, I am not guaranteed a job through School to Work.
- If a good job match is found on my behalf, I am willing to accept the position while I am still in school and will modify my school schedule accordingly.
- An Employment Specialist will work with my school staff to help me learn new things and become as independent as possible on the job.
- Funding for services after school is not guaranteed. If I need help to keep my job or continue looking for a job after I leave school, the Agency may be able to continue to help me if we can identify funding for these services.
- If I have questions or concerns about my services, or if I wish to change agencies, I will communicate with someone from my School to Work team.

Please sign and date below:

(Student)

(Date)

(Employment Agency Representative)

(Date)

(Parent/ Provider)

(Date)

School to Work Staff

(Date)

Please notify your School-to-Work team and send this form to:
Pierce County Humans Services
Developmental Disabilities
4301 South Pine Street, Suite 446,
Tacoma, WA 98409
Attn: Sundus Ali, STW Program Specialist