


## Pierce County Referral for Job Foundation

CONTACT INFORMATION OF STUDENT				
	STUDENT LAST NAME:	STUDENT FIRST NAME:	MIDDLE INITIAL:	DATE OF BIRTH:
	STREET ADDRESS:		CITY:	ZIP:
HOME PHONE:		CELLULAR:	EMAIL:	
CONTACT INFO OF PRIMARY SUPPORT PERSON: LIST PERSONAL CONTACT IN CASE OF AN EMERGENCY OR FOR MESSAGES				
LAST NAME:		FIRST NAME:		RELATIONSHIP TO STUDENT:
PHONE NUMBER:		EMAIL ADDRESS:		LANGUAGE:
COURT APPOINTED LEGAL GUARDIAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU WANT AN INTERPRETER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STUDENT EDUCATION AND EMPLOYMENT STATUS:				
ARE YOU CURRENTLY ATTENDING SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF SCHOOL:		EXIT YEAR:
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMPLOYER:	JOB TITLE:	
ARE YOU WORKING WITH AN EMPLOYMENT / VOCATIONAL VENDOR: <input type="checkbox"/> YES <input type="checkbox"/> NO		AGENCY:	JOB COACH:	PHONE NUMBER:
DDA / DVR / BENEFITS INFORMATION:				
ARE YOU ENROLLED FOR SERVICES WITH THE DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA): <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU CURRENTLY ON A WAIVER: <input type="checkbox"/> YES <input type="checkbox"/> NO		WAIVER TYPE:
CASE RESOURCE MANAGER NAME:		CASE RESOURCE MANAGER PHONE:	CASE RESOURCE MANAGER EMAIL:	
HAVE YOU WORKED WITH THE DIVISION OF VOCATIONAL REHABILITATION (DVR): <input type="checkbox"/> YES <input type="checkbox"/> NO				
DVR COUNSELOR NAME:		DVR COUNSELOR PHONE:	DVR COUNSELOR EMAIL:	
SSI/MEDICAID BENEFITS: <input type="checkbox"/> YES <input type="checkbox"/> NO		SSDI/DAC/MEDICARE BENEFITS: <input type="checkbox"/> YES <input type="checkbox"/> NO		SSI/SSDI/DAC BENEFITS: <input type="checkbox"/> YES <input type="checkbox"/> NO
CASH BENEFIT: SSI \$		CASH BENEFIT: SSDI/DAC \$		OTHER:
CERTIFICATION:				
<ul style="list-style-type: none"> <li>I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application. I allow release of this information for verification purposes and understand that it will be used to determine eligibility. Upon request, I will be provided information on equal opportunity and appeal rights and the Privacy Act of 1974.</li> <li>I authorized the Department of Social and Health Services, Developmental Disabilities Administration to release information to the Job Foundation application County named. This exchange is authorized for information relevant to eligibility determination and coordination of service delivery and all information will be kept confidential.</li> <li>I authorize the County to exchange information with DDA, the student's school, DVR, and the student's employment provider.</li> </ul>				
STUDENT SIGNATURE:				DATE:
GUARDIAN: SIGNATURE IS REQUIRED BELOW IF OTHER THAN STUDENT:				
<ul style="list-style-type: none"> <li>I authorize the County to assist my student with Job Foundations supports and activities.</li> <li>I certify the exchange of information between the County and any school / school district as appropriate in which my student is or has been enrolled. This exchange is authorized for any information relevant to the success of my student's participation. I understand that it may include standardized test results, transcripts, attendance records, performance reports, and information from counselors, teachers, and other staff.</li> <li>I grant permission for my student to fully participate in educational, training, and employment related counseling activities for Job Foundation supports provided or arranged by the County.</li> <li>I authorize the County to exchange information with DDA, the student's school, DVR, and the student's employment provider.</li> </ul>				
DISCLAIMER AND GUARDIAN: I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:				
GUARDIAN SIGNATURE:				DATE: