



Grays Harbor County Public Health and Social Services
2109 Sumner Avenue, Aberdeen, WA 98520

REQUEST FOR ADDITIONAL SUPPORT HOURS (Add-on & Short term)

Must be submitted to the County no later than the 1st of the month prior to needing hours

Shaded boxes are information that is also on the Individualized Plan that needs to match when updating the Plan.

1. Date Agency Submitted Request:		2. Date of County Approval:		3. Date of DDA Approval:	
4. Client ADSA # & Initials:			5. DDA Case Manager Name:		
6. Provider Agency Name & Staff Person's Phone #:			7. Provider Staff Name:		
8. Proposed start date of additional hours:			9. Proposed end date of additional hours:		
10. Reason for requesting additional hours: (check all boxes that apply)					
WAC388-828-9350 –requesting add on hours			WAC 388-828-9360 – requesting short term hours		
<input type="checkbox"/>	Work schedule		<input type="checkbox"/>	Beginning a new job	
<input type="checkbox"/>	Number of jobs		<input type="checkbox"/>	Change in job or job duties	
<input type="checkbox"/>	Appropriateness of job match		<input type="checkbox"/>	Current employment is at risk	
<input type="checkbox"/>	Natural Supports available		<input type="checkbox"/>	Need Individual Technical Assistance (ITA)	
<input type="checkbox"/>	Health Limitation		<input type="checkbox"/>	100% Job Coaching needs	
<input type="checkbox"/>	Behavioral or physical needs		<input type="checkbox"/>	Other factors detailed in Individualized Plan	
<input type="checkbox"/>	100% Job Coaching needs				
<input type="checkbox"/>	Other factors detailed in Individualized Plan				
11. Current Monthly Hours Authorized in CSA:			12. Typical Monthly Wages:		
13. Maximum Monthly Support Hours being requested:			14. Base Hours per Month:		
15. Add-on Hours (base on the following):		Hours	16. Short-term Supports (based on the following):		Hours
Work shift:			Maximum 6 months		
<i>Description of:</i>			<i>Description of:</i>		
a) <i>Additional supports needed.</i>			a) <i>Additional supports needed.</i>		
b) <i>Numerical breakdown of how support hours will be spent</i>			b) <i>Numerical breakdown of how support hours will be spent</i>		
c) <i>Fade plan to decrease hours of support.</i>			c) <i>Fade plan to decrease hours of support.</i>		
17. Client of DVR: <input type="checkbox"/> N/A at this time <input type="checkbox"/> Yes <input type="checkbox"/> No If please explain: Date put in request to case manager: _____					
DVR Plan Included	<input type="checkbox"/> Vocational Evaluation	<input type="checkbox"/> Intensive Training	<input type="checkbox"/> Trial Work Experience		
	<input type="checkbox"/> Community-based Assessment	<input type="checkbox"/> Job Retention	<input type="checkbox"/> Job Placement		
Additional Comments:					

Alternative Funding Explored, Utilizing and Outcome(s): <input type="checkbox"/> N/A at this time <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please explain:		
Benefit Analysis	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
PASS PLAN	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
IRWE	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ticket to Work	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
1619a or 1619b	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Private Pay	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Employer:	19. Job Title:	20. Date began:
21. Is the provider the employer of record: <input type="checkbox"/> No <input type="checkbox"/> Yes	22. Current Individualized Plan Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" Explain: <i>Only requesting Add-on hours County and DDA case managers have a copy of current plan.</i>	