Client Name *(remember to encrypt email)*:       Client ADSA ID #:       Date:

Case Manager Name:

Agency, staff name, and phone number:

Proposed start date of additional hours:

Proposed end date of additional hours:

Service: [ ]  IE [ ]  GSE [ ]  PVS

**Reason for requesting hours:** (check all boxes that apply)

|  |  |
| --- | --- |
| **WAC 388-828-9360 – requesting short term hours** | **WAC 388-828-9350 – requesting add on hours** |
|  | Beginning a new job |  | Work schedule |
|  | Change in job or job duties |  | Number of jobs |
|  | Current employment is at risk  |  | Appropriateness of job match |
|  | Need ITA |  | Natural supports available |
|  |  |  | Health limitation |
|  |  |  | Provider travel time |
|  | **Add-on hours for GSE or PVS** |  | Behavioral or physical needs |
|  | Individual job development/search  |  | Other factors detailed in employment plan |

Location/Name of employer:

Is the provider the employer of record? Y or N:

Start date of employment:

End date of employment *(if applicable)*:

Typical Work Schedule:

Typical Monthly Wages:

Current monthly hours authorized in CSA:

Total monthly hours being requested:

Have alternative funding sources (such as DVR) been explored to fund the services requested on this form? Yes: [ ]  No: [ ]

If “No”, please explain:

Description of additional supports needed:

Description and numerical break down of how support hours will be spent:

Description of fade plan to decrease hours of support hours:

*Note: Attach the most current Agency Employment Plan with this form.*