



# Job Foundation Application

## Personal Information

Full Name: \_\_\_\_\_  
First Last M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Contact Phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DDA Case Manager Name: \_\_\_\_\_

High School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

- 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.
- I consent the use of confidential information about me within the Department of Social and Health Services, Developmental Disabilities Administration and Division of Vocational Rehabilitation to plan, provide, and coordinate services related to the Job Foundation application. I further grant permission to DSHS to use my confidential information with the County and school / school district named above. This exchange is authorized for information

relevant to eligibility determination and coordination of service delivery and all information will be kept confidential.to  
eligibility determination and coordination of service delivery and all information will be kept confidential.

STUDENT'S SIGNATURE

DATE

**Guardian: Signature is required below if other than student.**

- I authorize the County to assist my student with Job Foundations supports and activities.
- I certify the exchange of information between DSHS 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.
- 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.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian Signature (if applicable)**

\_\_\_\_\_  
**Date**

**Please return this application to:**

Spokane County DD Program  
Attn: Denise Magee

312 W. 8<sup>th</sup> Ave.