

# The Community Based Transition Center CBTC

# Family Handbook

9600 Sharon Road Everett, WA 98204 (425) 356-1275

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The Community Based Transition Center (CBTC) prepares students for their future as an independent, productive individual by providing community based transition services to enhance post school quality of life for students with disabilities.

The students served at the CBTC range from 18 – 21 years of age and have completed the necessary requirements to obtain a high school diploma.

#### **Hours**

Teachers 6:45 am - 2:30 pm Paraeducators 7:30 am - 2:15 pm

#### Who We ARE....

The Community Based Transition Center has been in existence in the Mukilteo School District for over 20 years. We have just opened a brand new facility in September of 2015. Our staff is prepared and excited about the opportunities of working with your students. Along with excellence in teaching and job coaching, our staff have many talents to share with students, including expertise in creating successful, lifelong learners.

CBTC serves students with a variety of disabilities who show continued need for instruction and assistance with independent living and employability skills. CBTC is designed to prepare students for their future by providing community based transition services to enhance post school quality of life for students with disabilities. The students range from 18 – 21 years of age and have successfully completed the traditional high school programs. Once at CBTC, staff works closely with families to put together the best plan to meet the needs of each individual student. The strength of our program is our ability to create the right program for your student and your family. Each program is highly personalized.

Students at CBTC receive instruction and assistance in functional academic skills such as money management, non-fiction reading for information, completing forms and using technology to access resources. Communication skills at the work site and in the community as well as appropriate social behavior are other areas of instruction. Often these skills are taught in the classroom but then practiced in the community until students are independent in the skills. Life skills such as using public transportation, personal grooming, using money, grocery shopping and cooking are also taught. Teaching students self advocacy on the job and in the community is one of the big focuses of this program. The community serves as our classroom. The skills needed to be successful in the future comprise the curriculum. All of these valuable life skills are embedded into the program during the natural time when they are needed. The program utilizes community locations that include the public library, restaurants, grocery stores, Snohomish County Parks Department, various stores and other community sites. These locations allow the students to work on their skills in a "real-life" setting. Unlike their high school experience, our students spend varying amounts of time at CBTC. Our goal is a seamless transition from CBTC to Life – the last week of CBTC should look like the first week of the rest of the students' lives.

#### **CBTC Objectives**

- Residential living, community access, employment and social/leisure
- Using public transportation such as Community transit, Swift, Everett transit, DART and Para Transit
- Internships at a variety of community businesses
- Daily living skills in managing money, budgeting and independently performing personal care needs
- Interpersonal skills such as maintaining effective relationships, demonstrating socially acceptable behavior and good citizenship
- Facilitate post-school linkages with appropriate adult agencies such as the Department of Vocational Rehabilitation (DVR)

"Education is not a preparation for life; Education is life itself." - John Dewey

# **Family Rights and Expectations**

| RIGHTS  | EXPECTATIONS  |
|---|---|
| Every student has the right to carry a cell       | It is the expectation that the student and his/her  |
| phone or watch as well as a wallet or purse       | family keep track of the cell phone, watch and  |
| with the following things:                        | wallet on a daily basis. <i>During classroom time</i> ,                                       |
| <ul> <li>Money for small purchases,</li> </ul>    | community time and internship time, cell  |
| <ul> <li>Debit card,</li> </ul>                   | phones must be turned off. During breaks,   |
| WA ID, and  | students may have their phones on.  |
| Orca card.  |   |
| Every student has the right to be absent from     | It is the expectation that the student and his/her  |
| school for doctor's appointments, sickness,       | family report the absence to:   |
| work and for family emergencies                   | • CBTC at (425) 356-1275  |
|   | or email Julie Kenny at   |
|   | kennyja@mukilteo.wednet.edu before the  |
|   | school day starts   |
| Every student has the right to eat lunch          | It is the responsibility of the student and his/her   |
| and/or snacks, as determined by their             | family to <i>make arrangements for any necessary</i>  |
| schedule, with his/her coworkers or               | lunch and/or snacks.  |
| classmates.                                       |   |
| Every student has the right to participate in     | The expectation is that the student and his/her   |
| classroom and/or community-based activities       | family will <i>ensure that the student has all</i>  |
| on a weekly basis with staff support.             | needed materials on a daily basis and is  |
|   | prepared and on time for all classes and activities.  |
| Every student has the right to obtain a RRFP      | If the RRFP ORCA pass is lost or misplaced, the   |
| ORCA pass. The CBTC staff will take students      | expectation is that the student and his/her family  |
| to the Everett Transit Station one time each      | will go to the Everett Transit Station to replace   |
| year (as long as appropriate paperwork is         | the pass (\$3.00).  |
| filled out by families and \$3.00 application fee |   |
| is provided).                                     |   |
| Every student has the right to participate in     | It is the expectation that the family will help   |
| community-based vocational job experiences        | ensure the student is dressed appropriately for   |
| that match his/her interests and skills.          | work each day (varies with each job site) and   |
| Parada da        | each student has clean hair, body and clothes.  |
| Every student has the right to be given           | It is the expectation that <i>the student and his/her</i>                                     |
| assistance in connecting with adult agencies      | family is responsible to complete all necessary   |
| and services as appropriate.                      | paperwork and maintain connections with   |
| Every student has the right to have help from     | outside agencies once the connection is made.   |
| Every student has the right to have help from     | It is the expectation that families will check the students' planner daily for activities and |
| CBTC staff to plan monthly leisure activities     | 1   |
| and keep track of daily activities.               | assignments.  |

# **Programs offered at CBTC**

\*\*Every student's placement is individualized based on the IEP team placement meetings. Every student will have programming based on their individual needs. These four programs are not the only programming options for student. The represent the main programs within the Community Based Transition Center.

#### **Job Readiness Program**

7:30-11:30: Mondays- Friday, 4 hours a day, 5 days a week

#### Description

- Students attend all school days
- Students will work mainly in the workroom during time at CBTC
- This typically serves our students who have been in a more self-contained program at the high school such as our Autism program and who enjoy working independently on pre-vocational tasks
- Students will go out to internships 2 x a week for 1 hour each time at district sites
- Students will access the community 1 time a week exploring leisure opportunities
- The Job Readiness Center would have no more than 5 students at one time
- The Proportion of staff to students will be higher in this program

#### Targets:

- Students will increase stamina and on task behavior during job tasks
- Students will increase flexibility in moving from task to task
- Students will be travel trained to leisure and employment sites
- Students will increase ability to be in the community with safe and expected behaviors
- Students will increase production rate and accuracy at job site
- Students will be introduced to a variety of community leisure and recreational activities
- Students will learn basic life skills such as cooking using a microwave, doing laundry, vacuuming and cleaning tables
- Students will increase functional academic levels through independent instruction

#### **Job Discovery Program**

7:30-11:30: M, W, Th and Fridays

#### Description

- Students will not attend on Tuesdays
- Students will be travel trained and introduced to leisure opportunities they may participate in after school or on Tuesdays
- Students will be in their first year
- When at the CBTC, students will be primarily in the classroom learning job getting and job keeping skills and working on functional academics
- One day will be spent in the community connecting to leisure sites
- Students will participate in a work sample for internship time. This will consist of 1 hour internships 2 x a week which change at the quarter rather than semester. This sampling in the first year will allow students to try more internships.

#### Targets:

- Students will be travel trained on DART or Para Transit to increase their independence in the community
- Students will learn to ask questions when needed at the job site
- Students will increase their stamina and on task behavior at a job site
- Students will begin to identify their learning style at a job site and what types of job sites work best for them
- Students will learn job getting and keeping skills
- Students will learn appropriate work dress and hygiene expectations for job sites
- Students will learn how to follow directions, increasing in complexity
- Students will be introduced to some leisure and recreational activities so that they may participate in activities outside of school which will continue into their adult life
- Students will learn how to cook independently as they participate weekly in a cooking class
- Students will learn community independence as they access the community one day a week to explore their community

#### Pathway to Employment

11:00-2:00 M,W,Th,F (non-early dismissal Fridays)

#### Description

- Students will travel to their internship from their house on M,W, and Thursdays or to the CBTC via school district bus and then to the internship if they are not ready to travel independently. Students must score 3 or 4 on the Supervision Rubric for Community Based Instruction.
- Students will work from 11:30-1:30, 3 days a week
- Students will spend more time on the internship and more days on the internship
- Students will be eligible for this program when they have successfully completed one year of the Job Discovery Program of the CBTC and are transit trained and able to spend more time on an internship site scoring a 3 or 4 on the Supervision Rubric for Community Based Instruction
- Students will not attend Tuesdays
- Students will have a 3 hour program, 4 days a week
- Students will leave at 11:45 on early dismissal Fridays with the AM group via district transportation
- On Early Dismissal Fridays, the PM students will come straight to the CBTC at 9:00 via district transportation and work on academics and cooking while the AM group is out in the community.
- The district will provide DART/Para Transit tickets and training and set up rides initially to the sites for M, W, Th and non-early dismissal Fridays if a student is at a 3 or 4 on the Supervision Rubric for Community Based Instruction and eligible for riding directly to their job sites or leisure using DART or Para Transit
- On non-early dismissal Fridays, students will travel to the CBTE from their house and then out to leisure sites with CBTC staff

#### Targets:

- Students will learn to independently arrive at their job site via DART or Para Transit and begin work
- Students will increase their stamina at a job site
- Students will learn to manage time successfully by taking breaks at the job site, being a the pick-up spot for the DART/Para Transit bus and being at a designated community spot

- Students will learn to interview for a job, build a resume and complete job applications
- Students will explore post high school opportunities for further training and education
- Students will explore leisure and recreational options in their community
- Students will learn to independently prepare some meals
- Students will learn to create a monthly budget, manage a checking and savings account and pay bills

#### **Life Connections**

9 am -2 pm: M-F (Non-early dismissal Fridays) Early Dismissal Fridays: 9 am – 11:45 am

#### Description:

- Students with more physical and personal care needs
- Students will be connected to leisure and recreational activities
- Students will have internships within the TLC building based on their abilities
- Internship length will be based on each student's stamina
- Students will spend most of their time in the Independent Learning section of the CBTC learning daily living skills such as laundry, dishes, sweeping and cleaning
- Students will access the community once a week
- Students will be travel trained
- Students will cook once a week
- Students will participate in pre-vocational and vocational tasks daily
- The proportion of staff to students is higher in this program

#### Targets:

- Students will increase their stamina and on task behaviors
- Students will learn to be more independent in their community
- Students will be introduced to leisure and recreational activities they can participate in after graduation
- Students will learn to independently ride DART or Para Transit
- Students will practice a variety of different vocational tasks to prepare for paid employment

# What to Expect at CBTC

#### **Calendar/Important Dates**

CBTC students follow the Mukilteo School District Calendar. Our start date and end date are the same as the rest of the Mukilteo School District students. On Early Dismissal days, students in the AM program have a normal day and are dismissed at 11:45 pm. Students in the PM program do not come to school on Early Dismissal days.

#### **Attendance**

When your student needs to be absent, it is the expectation that you report the absence to the following before the school day starts:

The CBTC office (425) 356-1275
 Mukilteo School District Transportation office (425) 356-1306

#### **Student Planner**

Each student will be expected to update a planner weekly. This planner will also go home with the students every day. The planner will have information regarding special lunches, community outings, absences of staff and upcoming non-school days.

#### **Newsletter**

Another way to receive the latest news from CBTC is the CBTC Newsletter. The newsletter comes out every month and will be in each student's communication notebook. It includes upcoming events, important information, and curriculum taught the previous month.

#### **Website**

The CBTC has a website on the district home page listed under other other schools/programs. It can be found at this site:

http://www.mukilteo.wednet.edu/pages/MukilteoSD/OurSchools/OtherSchoolsPrograms/Community\_Based\_Transition\_Cen

#### **Daily Routine-Sample**

Here is a sample of what a student's schedule might look like

**<u>Iob Discovery-</u>**Students in this group are typically in their first or second year with the CBTC

|               | Mondays      | Wednesdays   | Thursdays    | Fridays      |
|---------------|--------------|--------------|--------------|--------------|
| 7:30-8:00 AM  | Check In and | Check In and | Check In and | Check In and |
|               | Journal      | Journal      | Journal      | Journal      |
| 8:00-9:00 AM  | Functional   | Functional   | Functional   | Functional   |
|               | Academics    | Academics    | Academics    | Academics    |
| 9:00-9:20 AM  | Break        | Break        | Break        | Break        |
| 9:20-10:45 AM | Internships  | Internships  | Cooking      | Community    |
|               | _            |              |              | Outing       |
| 11:15-11:45   | Lunch-Home   | Lunch-Home   | Lunch-Home   | Lunch-Home   |

#### Pathway to Employment-Students in this group are typically in their last year with the CBTC

|                  | Monday        | Wednesday     | Thursday      | Friday                                      |
|------------------|---------------|---------------|---------------|---|
| 11:00-11:30      | Unpack, Lunch | Unpack, Lunch | Unpack, Lunch | Lunch                                       |
| 11:30-1:30<br>PM | Internships   | Internships   | Internships   | Functional<br>Academics/Community<br>Access |
| 1:45-2:00 PM     | Pack up-Home  | Pack up-Home  | Pack up-Home  | Pack up-Home                                |

<sup>\*\*</sup>Students in the Job Discovery program and the Life Connections program will also have internships and community access. The placement and time of these activities will be much more individualized based on each student's needs and IEP goals.

#### **Exiting Year**

In a student's last year in the Mukilteo School District, the student will spend extra time in the community working on specific skills related to their exiting goals. Students and family will work with staff to develop goals. More time is spent developing leisure activities, potential long term volunteer and paid jobs and creating a life outside of school which will continue after the student leaves our district. During this year, adult agency linkages will also be developed with the student and their family. Our goal is to make the last week of school look like the first week of the rest of the students' lives.

## **Mobility**

To enable students to learn skills that will help them access their community during and after their time at CBTC, students are asked to obtain a Regional Reduced Fare Pass (RRFP) card and apply for the curb to curb bus service Para Transit in Everett and DART in all other areas of Snohomish County.

The following pages are filled with the forms you will need to complete the process of applying for the RRFP ORCA card as well as some tip sheets to help you through the process.

- Types of Transportation passes
- RRFP Application
- CBTC Advice for completing the RRFP Application and Para Transit and DART
- \* Regional Reduced Fare Pass (RRFP) ORCA Helpful Hints
- Para Transit and DART Helpful Hints
- ❖ Para Transit and DART Reservation Worksheet
- Making a Para Transit and DART Reservation

## Being a Successful Bus Rider

#### Prepare the night before:

- > Watch the weather report
- > Have appropriate bus fare, ticket or ORCA card
- Current Bus Schedule Guide
- > Have bus route planned out
- > Charge Cell phone

#### **Clothing:**

- ➤ Waterproof Backpack or Bag
- Coat or sweater (Northwest layering for all weathers!)
- Appropriate and comfortable shoes

#### **Personal Items:**

- Tissue, bottle of water, one day of medication with label, Snack or candy if diabetic
- Sunscreen and sunglasses

#### **Emergency and Safety Items:**

➤ Wallet with Washington State ID card or other ID card, bus pass and copy of important phone numbers for emergencies

# **Types of Transportation Passes**



#### **Full Fare ORCA Card**

ORCA is an electronic card that holds your monthly pass or electronic cash (e-purse) to pay fare.

- 1. There is a \$5.00 one time fee to obtain an ORCA card
- 2. Visit <a href="www.orcacard.com">www.orcacard.com</a> to order an ORCA card online
- 3. Visit the Everett Station or RideStore to obtain a card in person.
- 4. You can load your ORCA card online or at kiosks at the Everett Station or Lynnwood RideStore.

#### **Participating Transit Agencies**

#### **Community Transit**

www.communitytransit.org

Visit the RideStore for permits, passes and information at Lynnwood Transit Center: 20110 46<sup>th</sup> Ave. W, Lynnwood, WA 98036 (425) 348-2350

#### **Everett Transit**

www.EverettTransit.org

Visit the Everett Station for permits, passes and information.

3201 Smith Avenue, Everett, WA 98201 (425) 257-7777

#### Para Transit and DART

- 1. Students must apply to be made eligible. When completing the application, you need to be specific and clear about why your student would not be safe riding the regular transit system.
- 2. Para Transit: Fare is \$1.25 each way
- 3. DART Transit: Fare is \$2.00 each way
- 4. Student must schedule rides at least 24 hours in advance.
- 5. Students might have to wait up to 30 minutes for the bus to get to their pick up or drop off location.



#### **Regional Reduced Fare Permit**

If you are a person with a disability, you can ride for less when you use public transportation services to travel around Puget Sound. The Regional Reduced Fare Permit is an ID card that entitles you to discount fares on eleven transportation systems throughout the region including the Washington State Ferries and the King County Water Taxi as well as most major county transit systems. The permit costs \$3.00.



#### Regional Reduced Fair Permit (RRFP) Application

#### How do I get an RRFP?

Disability RRFP are issued *in person only*. Persons under 65 who qualify for a permit due to a disability *must have their picture taken* for the permit when it is issued. Disability RRFPs can only be obtained at the RideStore in Lynnwood or the Everett Station.

Once families complete the application, CBTC staff will take students ONCE each year to get a pass.

- 1. <u>Download the Application Form</u> or call Customer Information at 206-553-3000 or TTY Relay 711 to request an application.
- 2. Complete the FRONT of the application form and sign it
- 3. Bring along:
  - the BACK of the Application Form completed by a Washington State-licensed physician (M.D.), psychiatrist, psychologist (Ph.D.), physician assistant (P.A.), advanced registered nurse practitioner (A.R.N.P.), or audiologist (certified by the American Speech and Hearing Association) as meeting one or more of the RRFP Eligibility Criteria **OR**
  - a valid Medicare card issued by the Social Security Administration (temporary) OR
  - a valid Regional ADA paratransit card **OR**
  - a valid ADA Paratransit card from outside the region (temporary).
- 4. Also bring one of the following photo identification documents:
  - a state driver identification license OR
  - a state identification card (expired cards acceptable); OR
  - a passport.

On page **ONE**, we recommend that you check the box – "I have an obvious physical impairment(s) meeting one or more of the medical criteria listed in the *Medical Eligibility Criteria and Conditions* brochure." This allows them to keep their pass for a lifetime rather than reapply every 3 years.

The **BACK** page needs to be completed by a health care provider. It is our recommendation that you **request** that they check the following boxes with **'YES'**: "The disability is Permanent" -AND- "This applicant requires a Personal Care Attendant" (PCA) -AND- "Permanent"

If you are unable for any reason to consult a health care provider for the purpose of filling out the BACK of the RRFP application, we recommend that you check the box – "I am currently participating in a vocational career program with the Washington State Individual Educational Program (IEP). This will qualify the student for a Temporary Regional Reduced Fare Permit.

If your student already has an RRFP ORCA card but doesn't have a PCA we recommend you check to see if they would qualify and obtain a signed form from your doctor so we can replace the card with a PCA card. The cost would be \$3.00.

If your student has lost their pass, they are already in the system and can complete just the front page of the application. The cost for a new card and replacement is the same, \$3.00.

RRFP is good for a lifetime <u>BUT</u> it is FRAGILE and if cracked it will no longer function. It is best stored in the plastic cover that is provided. Do not laminate the card.

# Application for Regional Reduced Fare Permit

| _ | ease | - | _ |  |
|---|------|---|---|--|
| _ | esee |   |   |  |
|   |      |   |   |  |

| - For Office Use Only - |
|-------------------------|
| ID#                     |
| PCA                     |
| □Temporary              |
| Permanent               |
| Date                    |

| Application for I  | Regional Reduced Fare Pens and Disabled Person ailable in accessible format)  Processing Fee \$3.00  | ermit   | - For Office Use On   |
|--|--|---|---|
| For Senior Citiz   | ens and Disabled Person  | S   | ID#<br>PCA  |
| (this application is as  | silable in essessible formet\  | •   | Temporary   |
| (triis application is ava  | aliable in accessible format)  |   | Permanent   |
| Please Print   | Processing Fee \$3.00  |   | Date  |
| Name   |  |   |   |
| First  | Middle   | Last  |   |
| Address  |  |   |   |
| Street   | City   | State   | ZIP   |
| Date of Birth  | Phone No.  | Area Code   |   |
| before completing this<br>I am applying for a Region   | application.  onal Reduced Fare Permit on the following  | ng basis. Plea  | se check only on  |
| ☐ I am 65 years of age o   | or older.  |   |   |
|  | f eligibility and am receiving Social Sect<br>y Income Benefits due to disability. For it<br>only.   |   |   |
| <ul> <li>I am providing proof of<br/>least 40%.</li> </ul>   | f current eligibility by the Veteran's Admi  | inistration as h  | aving a disability o  |
| _  | d Medicare card issued by the Social Se<br>nal Reduced Fare Permit only.   | ecurity Adminis   | stration. For issuan  |
| $\square$ I am providing a valid   | Regional ADA paratransit card, issued to   |   |   |
| This ADA paratransit of  | card expires   |   | (Agency)  |
| ☐ I am providing a valid<br>Regional Reduced Fa  | ADA paratransit card from outside the re   | egion. (For iss   | uance of a Tempor   |
|  | sical impairment(s) meeting one or more<br>eria and Conditions brochure.   | e of the medic  | al criteria listed in t   |
|  | ating in a vocational career program wit<br>(IEP). (For issuance of a Temporary Reg  | _   |   |
| Educational Flogram  |  | et Devehologi   | st (Ph.D.). Physicia  |
| ☐ I am medically disable<br>Assistant (P.A.), Advar<br>State of Washington. \$   | ed as certified by a Physician, Psychiatri<br>nced Registered Nurse Practitioner (A.F<br>See Health Care Provider's Certification<br>agency reserves the right to contact yo | R.N.P.) or Audio<br>on form on th                           | ologist, licensed in<br>e reverse side of                       |
| ☐ I am medically disable<br>Assistant (P.A.), Advar<br>State of Washington. \$<br>this application. This                             | nced Registered Nurse Practitioner (A.F<br>See Health Care Provider's Certification  | R.N.P.) or Audio<br>on form on th                           | ologist, licensed in<br>e reverse side of                       |
| ☐ I am medically disable<br>Assistant (P.A.), Advar<br>State of Washington. §<br>this application. This<br>verification.             | nced Registered Nurse Practitioner (A.F<br>See Health Care Provider's Certification  | R.N.P.) or Audion form on the ur Health Care                | ologist, licensed in<br>e reverse side of                       |
| ☐ I am medically disable Assistant (P.A.), Advar State of Washington. \$ this application. This verification.  Applicant's Signature | nced Registered Nurse Practitioner (A.F. See Health Care Provider's Certification agency reserves the right to contact you   | R.N.P.) or Audio<br>on form on th<br>ur Health Care<br>Date | ologist, licensed in<br>the reverse side of<br>the Provider for |

For more information and additional copies of the eligibility criteria, call 206-553-3060. Office: 201 South Jackson Street, Seattle, WA 98104-3856

1281 Front (Rev. 11/10)

# BACK

#### Regional Reduced Fare Permit – Certification of Eligibility

#### Applicant's Release

I hereby authorize the physician to release any information necessary to complete this certification. I understand that this information is confidential and shall not be released without my approval or a court order. I understand that the transit agency issuing this permit shall have the right and opportunity to verify my eligibility for a Regional Reduced Fare Permit. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted by the Reduced Fare Permit and be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

| Name   | Middle  |  |                                 | Last   |
|--|---|--|---------------------------------|--|
|  | ·····daio   |  |                                 |  |
| Address<br>Street  |   | City   | State                           | ZIP  |
| Date of Birth  |   | -  |                                 |  |
|  |   |  |                                 | Area Code  |
| Applicant's Signature  |   |  | Date                            |  |
| This Section To Be C   | ompleted By The   | Following Appr   | oved Heal                       | th Care Provider:  |
| Washington State-licensed:   | <ul> <li>Audiologist certified by</li> <li>Physician's Assistant</li> </ul>           | the American Speed<br>(P.A.) • Advanced Re                                       | ch, Language<br>gistered Nurs   | Psychologist (Ph.D.)     and Hearing Association     Practitioner (A.R.N.P.)     above are not acceptable. |
| This applicant must meet<br>Conditions brochure.   | at least one of the criteria  | a and conditions liste   | d in the <i>Medi</i>            | cal Eligibility Criteria and   |
| 2. The specific Medical Eligi  | bility Criteria number mu   | st be noted in the spa   | ce provided.                    |  |
| If Section 6.4 is used, this     (a, b, c or d) must be inclured abilitation program in alcohol rehabilitation program.      An applicant's financial si | uded along with the name<br>which this patient is curre<br>gram does not, in and of i | e and phone number<br>ntly a patient. <b>Note</b> :<br>tself, meet eligibility r | of the work ac<br>An applicant' |  |
| I certify that   |   | meets the Medic  | al Eligibility C                | riteria  |
| If Section 6.4, (a, b, c or d) e   |   |  |                                 |  |
| Please check the appropriat  |   |  |                                 |  |
| be expected to la  | ast at least three months,<br>Permanent.<br>quires a Personal Care A                  | but no longer than or  | ne (1) year.                    | ns. A temporary disability mus   |
| Name   |   |  | Phone No                        | ).   |
| Provider or Agency Address   |   |  |                                 |  |
|  |   |  |                                 |  |
| Washington State License N   | 10  |  | _                               |  |
| l  |   |  |                                 |  |

Original signature - no photocopies or fax accepted.

I understand that if any of the statements made on this application form are false or inaccurate, I will be subject to criminal prosecution in accordance with Washington State Law for fraud (RCW #9A.56.020).

# DART HELPFUL HINTS For CBTC Students

Dart is a specialized, shared-ride, curb-to-curb service for people with disabilities who are unable to ride the regular fixed-route Community Transit system. You must phone the call center from one to three days in advance of your trip to request a ride. Same-day trips are not available. You must apply for and be qualified for services. This process can take up to one month.

#### **Hours of Service**

DART bus service operates Monday through Saturday, during the same hours as Community Transit's local fixed-route buses. The service hours are approximately 5:00 am to midnight on weekdays and 6:00 am to 11:00 pm on Saturdays. DART bus service does not operate on Sundays and major holidays.

# Service must be reserved at least 24 hours in advance of the needed ride. Rides may only be made one week in advance.

#### **Reservations**

Reservations can be requested by phoning the DART at (425) 347-5912: Monday-Friday 5:30 a.m. to 7:00 p.m. Saturdays/Sundays/Holidays 8:00 a.m.- 4:30 p.m.

#### **Phone Hours for Confirmations and Pick-up Times**

Mon-Fri 4:00pm – 7:00 p.m. Sat/Sun/Holidays 2:00 p.m. – 4:30 p.m.

#### **Phone Hours for Cancellations**

Monday – Friday 5:30 a.m. – 7:00 p.m. Saturday/Sunday/Holidays 8:00 a.m. – 4:30 p.m.

#### No Shows

DART will drop you from service if you do not cancel your ride.

#### **Phone Hours for After-Hours Cancellations**

Cancellations can be made after 7:00pm Monday-Friday and after 4:30pm weekends and holidays by leaving a message at (425)347-5912.

#### **Fares**

The fare for a DART trip is **\$2.00** each way. Companions pay the \$2.00 fare. Personal Care Attendants and service animals ride free. Please have your fare ready when you get on the vehicle. You can pay your fare with:

- Exact change (drivers cannot make change);
- An \$75 <u>DART monthly pass</u>
- DART tickets purchased online or at the Rideshop in Lynnwood
- The ORCA card cannot be used on DART Transportation.
- The RRFP discount is not applicable on DART Services.

<u>Customer Service</u> - If you have a concern about the DART service you have received, wish to commend a staff member or have a question or suggestion about service, please contact the DART Transportation Customer Service Office: **by telephone** at 425-347-5912, 1-800-562-1381, or TTY 425-347-7997

by e-mail at dartinfo@sssc.org

# Para Transit HELPFUL HINTS For CBTC Students

Everett Para Transit is a pre-scheduled bus service that provides curb-to-curb service for people who are unable to use an Everett Transit fixed route bus due to a medical condition or disability. You must apply for and be qualified for services. This process can take up to 21 days.

#### **Hours of Service**

Para Transit bus service operates the same days and hours as Everett Transit fixed-route bus service.

# Service must be reserved at least 24 hours in advance of the needed ride. Rides may only be made one week in advance.

#### **Reservations**

Reservations can be made by phoning Para Transit at (425) 257-8801: Monday-Friday 8:00 a.m. to 5:00 p.m. Saturdays/Sundays/Holidays 9:00 a.m. to 3:00 p.m.

#### **Confirmations and Pick Up Times**

Monday-Friday 4:00 p.m. to 7:00 p.m.

#### **Phone Hours for Cancellations**

Monday-Friday 8:00 a.m. to 7:00 p.m. Saturday/Sunday/Holidays 9:00 a.m. to 3:00 p.m.

#### **No Shows**

Para Transit will drop you from service if you do not cancel your ride.

#### **Phone Hours for After-Hour Cancellations**

Cancellations can be made after 7:00 p.m. Monday-Friday after 3:00 p.m. on weekends and holidays by leaving at message at (425) 257-8801.

#### **Fares**

The fare for a Para Transit ride is \$1.25 one way. A Personal Care Attendant or service animals ride for free. Please have your fare ready when you get on the vehicle. You can pay your fare with:

- Exact change (drivers cannot make change)
- A \$36 Para Transit monthly pass
- Para Transit tickets purchased online or at the Everett Transit Customer Service Centers
- The ORCA card cannot be used on Para Transit services
- The RRFP discount is not applicable on Para Transit services

#### **Customer Service**

If you have a concern about the Para Transit service you have received, wish to commend a staff member or have a question or suggestion about the service, please contact Para Transit Customer Service Office at:

By Telephone at (425) 257-7777
By e-mail at etmail@ci.everett.wa.us
In writing at Everett Transit CSC
3201 Smith Avenue
Everett, WA. 98201

#### **Dart and Para Transit Reservation Form**

<u>Dart 425-347-5912</u> – **Press:** 1.Reservation 2. Cancel 3. Change existing ride time 4. Schedule ride time. 5. Waiting for a bus

<u>Paratransit</u> **425 257 – 8801** Press: 1. To request a ride or other information 2. Cancel or verify ride times. \*\* You can call a week ahead of time to schedule the next weeks ride.

#### \*\*\*\*\*

| Hello! My name is  | ·               |
|--|-----------------|
| I need to schedule a ride for  | (day and date). |
| I am starting from home (address):   |                 |
| other: (address)   | ·               |
| (phone)  | ·               |
| <ul> <li>I am going to:</li> <li>Brunswick Lanes 1222 – 164<sup>th</sup> SW, Lynnwood</li> <li>All Aboard 2507 Broadway Everett, WA</li> </ul> |                 |
| I want to arrive at: (time)Address:  |                 |
| I want to be picked up at: (time)  |                 |
|  |                 |
| **REMEMBER: Call the evening before (4-7pm) to get ride times!   |                 |
| Early pick up time for going:  |                 |
| Farly nick up time for coming home:  |                 |

#### Before making an Ride:

- A. Verify privileges. You should receive an identification card and verification letter in the mail when accepted.
- B. Collect the date and times for ride.
- C. Fill out "Dart and Para Transit Reservation" form.

#### **Making an Individual Ride:**

- A. **Call number** on top of form.
- B. **Say your name and state that you need a ride.** Answer the dispatch operator's questions using the information on your form.
- C. Give the **day of the week** and **date** of the ride you are requesting.
- D. Clearly state **name**, **home address and phone number** if requested.
- E. They will ask for a home address to verify the client. YOU MUST state if the rider is NOT being picked up at home. They will assume this is the pick-up location, unless you tell them otherwise.
- F. Clearly state the **pick-up address and phone number**.
- G. Clearly state the **destination address and phone number**. Some of the more popular destinations are in their system. They may tell you the address.
- H. Clearly state the **return address and phone number.**
- I. Request time to be at destination or time you would like to be picked up. If you are requesting a time to be at the destination, you might be picked up as early as 1 hour, or more, before the appointment time. If you are asking to be picked up at a certain time, it is best to make the reservation using a 30 minute window such as 12:00-12:30.
- J. **Request a time of return.** Remember that the bus will arrive within 30 minutes of your return request so you will want to give a 30 minute time span such as "I want to be picked up between 2:00 and 2:30"
- K. **State if the student has a companion or Personal Care Attendant**. No names are required.
- L. **Call for pick up and drop off times**. At 4 pm the day before or the morning of the ride, call Dart or Para Transit and request the early pick up and drop off times for your ride. This is the earliest the bus would be coming for you. They can come anywhere from the early time to 30 minutes after the early time and not be considered late.

#### **Employment**

On-the-job training is an essential component of the curriculum at the CBTC. Students experience a variety of job placements during their time in the program. Job sampling gives students the opportunity to learn new job skills and practice communication in an authentic environment.

CBTC has developed job sampling sites throughout the community in a variety of settings. Below is a list of some current sites that accommodate our students:

- Walgreens
- ❖ Applebee's
- Marriott
- ❖ Albertson's
- Burlington Coat Factory
- **❖** Klein Honda
- Party City

- St. Vincent DePaul
- Harbour Pointe Retirement Center
- District Office
- Lake Stickney Science Center
- District Publishing
- Columbia Elementary

Each student is assigned a work group which is led by a paraprofessional "job coach." Job coaches are asked to assess student's work skills weekly. At the end of each internship, with the student's semester report card, a copy of the final, formal review for the student at their worksite will be sent home . This review, the <u>Mukilteo Student Learning Plan and Employer Evaluation</u>, has the job coach and supervisor at the job site rate the student using a 4 point scale. Level 4 would indicate that the student needs 1 or fewer prompts and can complete the tasks with 90-100% accuracy in a 15 minute work trial. In addition, students are required to complete a check sheet and conference with their job coaches every time they attend an internship.

All services are on a volunteer basis and students are not compensated for their work. For each internship, students must complete a **School To Work Informed Consent** form and a **Student Learning Agreement**. They need to be signed and returned to CBTC. All of these forms can be found in your student handbook and will be tracked through the notebook your student will keep at school throughout their time at CBTC.

#### **Mukilteo Student Learning Plan and Employment Evaluation**

| Student Name   | School             |               |          | <u> </u>     |                      |
|--|--------------------|---------------|----------|--------------|----------------------|
| Learning Site  | Supervisor         |               |          |              |                      |
| Worksite Phone #   | Job Title          |               |          |              |                      |
| Internship Period Fromto   | *Attach je         | ob descri     | ption    | con or woman | Yannanan in ann an a |
| Please evaluate the student in the areas specified below using the matrix at $f r$ | the bottom of this | Level 4       | Level 3  | Level 2      | Level 1              |
| Job Specific Skills/Tasks  |                    | 1: 1:         |          |              |                      |
| 1  |                    |               |          |              | 1800000              |
| 2  |                    | i             |          |              |                      |
| 3  |                    |               |          |              |                      |
| 4  |                    |               |          |              |                      |
| 5  |                    | 100 B         |          |              |                      |
| Problem Solving Skills   | _                  |               |          |              |                      |
| Follows job safety and health procedures   |                    |               |          |              |                      |
| Reports absences appropriately   |                    |               | •        |              |                      |
| Demonstrates punctuality in reporting to work area                                 |                    |               |          |              |                      |
| Demonstrates ability to cope with workplace problems                               |                    |               |          | <u> </u>     |                      |
| Demonstrates ability to problem solve work tasks/situations                        |                    |               |          |              |                      |
| Interpersonal Skills   |                    |               |          |              |                      |
| Interacts appropriately with co-workers  |                    |               |          |              |                      |
| Interacts approriately with supervisor(s)  |                    |               |          |              |                      |
| Maintains appropriate personal hygiene and dress                                   |                    |               |          | <u> </u>     |                      |
| Does not let personal problems interfere with work                                 |                    | 1             |          | 1            |                      |
| Uses appropriate social skills   |                    | <u> </u>      |          |              |                      |
| Manages stress on the job appropriately  |                    |               |          | j            |                      |
| Work Readiness Skills  |                    |               |          |              |                      |
| Demonstrates ability to learn new tasks  |                    |               |          |              |                      |
| Remains on task until work is completed  | \$10 <u>100001</u> |               |          |              |                      |
| Consistently meets competetive rate of production                                  |                    | <u> </u>      |          |              | <u> </u>             |
| Accurate in meeting employer production standards                                  | 10722              |               |          |              |                      |
| Seeks assistance when needed   |                    |               |          |              |                      |
| Adapts to change/flexible in daily routine   |                    |               |          |              | 1                    |
| Demonstrates initiative  |                    |               | ·<br>    |              |                      |
| Tolerates unpleasant tasks   |                    | ļ             |          | i            |                      |
| Takes breaks appropriately   |                    |               |          | i<br>D       |                      |
| Works independently and without prompts  |                    | W. <u>11.</u> |          |              |                      |
| Follows directions from supervisor/co-worker                                       |                    |               |          |              |                      |
| Accepts supervision appropriately  |                    |               | <u>L</u> | 1            |                      |
| Reacts appropriately to constructive criticism                                     |                    |               |          |              |                      |
| Hand eye coordination appropriate for task   |                    |               |          |              |                      |
| Stamina for 60/90 minute internship  | 200000             |               | 7990     |              | I                    |

Level 4: 1 or fewer prompts needed with 90-100% accuracy

Level 3: 2-3 prompts needed with 80-89% accuracy

Level 2: 4-8 prompts needed with 60-79% accuracy

Based on 15 min. work trial:

Level 1: 9 or more prompts needed with <60% accuracy

| <u>Comments:</u>   |                        |   |
|--|------------------------|---|
|  |                        |   |
|  |                        |   |
|  |                        |   |
|  |                        |   |
| Barriers to Employment Please specify barriers to emplo    | oyment that would af   | fect this student's success in the workplace                                    |
|  |                        |   |
|  |                        |   |
|  |                        |   |
| Accommodations and Modine Please specify all accommodation |                        | cessary for this student to perform their job duties independently              |
|  |                        |   |
|  |                        |   |
|  |                        |   |
| Effective Reinforcement                                    |                        |   |
| Please specify any specific reinf                          | orcement that helps    | this student maintain success at the worksite                                   |
|  |                        |   |
| Level of Support/Supervisio                                |                        |   |
| Please check the appropriate le                            | vel of supervision ned | cessary for the student to perform job tasks/duties independently               |
| Very Independent   |                        | ts of workplace only]   |
| Independent  | _                      | rk setting with natural supports of the workplace only]                         |
| Semi-Independent   |                        | rk setting with natural support of the workplace and                            |
| fre  | quent evaluation by    | y work-based learning staff]  |
| Crew/Enclave   |                        | rith daily support of the work-based learning staff]                            |
| One/one support  |                        | rith one to one support/supervision to perform all job                          |
| tas  | ks by work-based le    |   |
| Learning Site Supervisor                                   | Date                   | Student's Signature Date  |
|  |                        | (Student's Signature denotes review of the Student Learning Plan and Employment |
| Coordinator's Signature                                    | Date                   | Evaluation)   |



Special Services

9401 Sharon Drive, Everett, WA 98204, 425/356-1277

#### SCHOOL TO WORK TRANSITION NON-PAID COMMUNITY & WORK-BASED LEARNING STUDENT LEARNING AGREEMENT

|   | 6 1  |  |                                      |
|---|--|--|--------------------------------------|
|   | School   |  |                                      |
| Student's Name:   | Phone:   |  |                                      |
| Mailing Address:  | City:  | Zip:   |                                      |
|   | x: Grade Level; Career Path: _   |  |                                      |
|   | hip; 🔲 Individual Internship; 🔲 Community  |  |                                      |
|   | Supervisor:  |  |                                      |
|   | City:  |  |                                      |
| Student's Position:   |  | zip  |                                      |
| Beginning Date:/ Ending D   | Date:/ Hours Per Week:   | Total Hours For Experier   | nce:                                 |
| MSD Designee:   | Phone:   | FAX:   |                                      |
| (5) Consult the learning site super (7) Non-compliance with the rules (7) Non-compliance with the rules (7) Non-compliance with the rules (8) Encourage the student's active (9) Complete Parent/Guardian Info.  ARNING SITE WILL:  (1) Provide a thorough orientation (the student is not to take the (2) Guide and instruct the student if (3) Conform to Federal laws prohib (4) Provide a safe learning/working (5) Consult with district personnel (6) Verify attendance and/or time recompliance) | tive, courteous, and willing to learn street courteous and courte courtein and street courtein and street courtein and cou | ny problems EP change of program  personal growth in the program  ingful, well supervised learning plor, national origin, sex, or disacrimination and sexual harassm | experience                           |
| (1) Place students in appropriate les   | no related to the students to  | career objective   |                                      |
| (4) Visit the learning site to evaluate (5) Issue credit and grades it applies  | or in providing meaningful learning experier a student able, based upon student completion of lea nice for every student involved in non-paid of proper notification of all parties  | nces for the student   | the student learning pla<br>programs |

An Equal Opportunity Employer and Educational Agency



Special Services

9401 Sharon Drive, Everett, WA 98204, 425/356-1277

#### SCHOOL TO WORK TRANSITION NON-PAID COMMUNITY & WORK-BASED LEARNING INFORMED CONSENT

| 61 - 1 - 9 - 11  |  | ol .  |  |  |  |
|--|--|---|--|--|--|
| Sludent's Name:  |  |   | Zin  |  |  |
| Birthdate:// Age: Sex:   |  |   |  |  |  |
| Non-Paid Program: ☐ DOII Class Internship*; ☐ Ir   |  |   |  |  |  |
|  | Idividual Iliteriisiib!  | Phone:  |  |  |  |
| Non-Pald Learning Site;  *The DOII teacher will notify quarterly the students  Agreement. DOII internships are designed to introdu   | and parents of internshuce the working condition   | ip site and/or opportunity  | changes via the Non-Paid Student Learning  |  |  |
| UNDERSTANDING: A student enrolled in School to Work Transition is a designed instruction. To ensure successful complethe student's disability and needs to the learning sit. The parent, student, and prospective learning site work-related activities. School personnel may not be party, its officers, officials, employees and volunte fees, arising out of injuries and damages caused by   | tion of the learning gos<br>e supervisor.<br>supervisor understand<br>e present when the stud<br>ers harmless from any             | that although this is a filent is on site. Each Part; and all claims, injuries, | ict personnel will disclose information abou<br>Non-Paid position, the student may perform<br>y shall defend, indemnify, and hold the othe |  |  |
| IN CASE OF A MEDICAL EMERGENCY:  |  |   |  |  |  |
| Parent/Guardian's Name:  |  |   |  |  |  |
| Emergency Contact Person:  |  |   |  |  |  |
| Health Provider's Name and/or Clinic:  |  |   | Phone:   |  |  |
| List Any Medications:  |  | List Any Allergies:   |  |  |  |
| Other:   |  |   |  |  |  |
| Name of Medical Insurance Carrier:   |  | Group No:   | Policy No:   |  |  |
| TRANSPORTATION METHOD: Community Tra   | nsit; 🗆 Everett Transit;   | ☐ Walking; ☐ MSD Vel  | nicle; Private Vehicle**   |  |  |
| **Name of Insurance Company providing ve   | hicle insurance coverage   | ye:   |  |  |  |
|  |  | Agent's Name:   | - 16.  |  |  |
| Insurance Policy Number:   |  | Insurance Policy Limits: Oriver's License Number:                               |  |  |  |
|  |  | License Number:   |  |  |  |
| Insurance Policy Limits: Model  Make of Vehicle: Model  Private/Student Divier Assurances:  I possess a valid Washington State Di  A copy of Proof of Insurance is in the  | Oriver's  Year river's License. vehicle. cident my vehicle insur erationally safe, e.g.: ell use a seat belt when the              | Number of Seat Be   | alts in the Vehicle;   |  |  |
| Insurance Policy Limits: Model  Make of Vehicle: Model  Private/Student Driver Assurances:  I possess a valid Washington State Di  A copy of Proof of Insurance is in the  I understand that in the event of an ac   | Oriver's  Year river's License. vehicle. cident my vehicle insur erationally safe, e.g.: ell use a seat belt when the              | Number of Seat Be   | elts in the Vehicle;   |  |  |
| Insurance Policy Limits: Model  Make of Vehicle: Model  Private/Student Driver Assurances: I possess a valid Washington State Driver Assurance is in the control of the possess as a control of the possess and the possess and the possess and the possess as a control of the possess and the possess and the possess and the possess as a control of the possess and the possess and the possess and the possess and the possess are control of the possess and the possess and the possess are control of the possess are control o | Oriver's  Year river's License, vehicle, coldent my vehicle insurerationally safe, e.g.; all use a seat belt when the safe manner. | Number of Seat Be   | elts in the Vehicle;verage verage operate. The tires have legal depth of tread.  |  |  |

An Equal Opportunity Employer and Educational Agency

# **Outside Agencies**

At CBTC, staff work with outside agencies to help families and students obtain vital services. Throughout the year, staff will communicate with you about the status of your student and coordinate efforts with outside agencies such as DVR, DDA, etc... Although CBTC staff will make attempts to assist with these processes, it is your ultimate responsibility to follow up with paperwork, phone calls, and meetings with these outside agencies.

→ Please note: When approaching any of the government agencies for services (e.g. DDA, DVR, SSI,) we have found that bringing medical records of disability, school testing, evaluations, etc. will greatly speed up your application process.

#### I'm Going To Turn 18 - Now What?

Congratulations! This is an important milestone in your life and an exciting new beginning. Some of the services you currently receive will stay the same and some will change. There will be new services to learn about and to sign up for. Please review the outline below.

| Agency Connections Check each section that you have completed for each agency | Have Info | In Process | Considered<br>Process | Completed |
|---|-----------|------------|-----------------------|-----------|
| Dart/Para Transit   |           |            |                       |           |
| Reduced Fare ORCA   |           |            |                       |           |
| DDA   |           |            |                       |           |
| DVR (actual referral in final year of school)                                 |           |            |                       |           |
| SSI   |           |            |                       |           |
| Guardianship  |           |            |                       |           |
| State ID card   |           |            |                       |           |

| DDA - Department of Developmental Disab | <u>ilities</u> |
|---|----------------|
|---|----------------|

#### **Eligibility**

Under RCW71A.10.020(3) the definition in law of a developmental disability is:

A disability attributable to:

- Intellectual Disability;
- Cerebral Palsy;
- Epilepsy;
- Autism: or

Another neurological or other condition closely related to intellectual disability or that requires treatment similar to that required for individuals with intellectual disabilities.

#### Which:

- Originated before the individual attained age eighteen;
- Continued or can be expected to continue indefinitely, and

Results in substantial limitations to an individual's intellectual and/or adaptive functioning.

#### Services

Programs and Services that may be available to DDA clients include:

- Adult Family Homes
- Alternative Living Services
- DDA Community Protection Program
- Companion Homes
- Early Support for Infants and Toddlers (ESIT)
- Employment and Day Program Services
- Group Homes
- Home and Community Based Services (HCBS Waivers
- Individual and Family Services Program
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID)
- Medicaid Personal Care (MPC)
- Medically Intensive children's Program (MICP)
- Mental Health Program
- Professional Services
- Residential Habilitation Centers
- State Supplementary Payment (SSP) Program
- Support Living Services
- State Operated Living Alternatives (SOLA)
- Voluntary Placement Services (VPS)

# Social Security Administration (SSI) Eligibility Services

#### http://www.ssa.gov/ssi

18 years old, assets of <u>less than \$2000</u> and disability status (for under age 18, family income usually determines eligibility).

Supplemental Security Income (SSI) is a monthly cash benefit for adults who are age 65 or older, or blind, or have a disability and don't own much or have a lot of

income. Monthly benefits can also go to children who have a disability if the family qualifies under SSI family income guidelines. The amount of income a family can earn and still have a child with a disability qualify to receive SSI depends on the size of the family, and other factors.

People who are on SSI are automatically eligible for **Medicaid** (the program that helps pay doctor and other medical bills) and *may be eligible* for Food Stamps. You can apply for these programs through the local Department of Social and Health Services Community Services Office.

#### **DVR - Department of Vocational Rehabilitation**

#### **Eligibility**

CBTC Staff work closely with DVR staff and have a process to help you through application, intake, and maintenance of services. Application and intake will take place during your student's spring semester of their final year at CBTC or the year your student turns 21 (whichever comes first).

You will need to have the following when applying for DVR services:

- Completed Vocational Information Forms (in packet from DVR)
- Copy of social security award letter (if your child gets SSI)
- Copy of social security card
- Copy of picture ID (Washington state ID or student ID acceptable)
- Copy of guardianship papers (if applicable)

#### Services

DVR offers services designed to help you prepare for, get and keep a job. The services you receive are based on your individual needs and unique circumstances and may include one or more of the following:

- Counseling and guidance
- Assessment services
- Benefit Planning
- Independent Living Services
- Assistive technology services
- Training and education
- Job-related services

#### **Selective Service**

Must sign up on or after your  $18^{th}$  birthday to be able to receive other government financial assistance. (This is a government database, not the Draft.)



#### <u>Division of Vocational Rehabilitation - http://www.dshs.wa.gov/dvr/Default.aspx</u>

DVR serves people with disabilities who want to work but face a substantial barrier to finding or keeping a job. They provide individualized employment services and counseling to people with disabilities. They provide technical assistance and training to employers about the employment of people with disabilities.

CBTC Staff work closely with DVR staff and have a process to help you through application, intake, and maintenance of services. **Application and intake will take place during your student's spring semester of their final year at TOP or the year your student turns 21 (whichever comes first).** You will need to have the following when applying for DVR services:

- Completed Vocational Information Forms (in packet from DVR)
- Copy of social security award letter (if your child gets SS)
- Copy of social security card
- Copy of picture ID (Washington state ID or student ID acceptable)
- Copy of guardianship papers (if applicable)

**Our DVR representative in the Everett office:** 

Pat Stimpson Vocational Rehabilitation Lead Counselor 840 N. Broadway, Ste 500 Everett, WA 98201-1290 (425) 339-1724 stimpp@dshs.wa.gov



#### **Division of Developmental Disabilities -**

http://www1.co.snohomish.wa.us/Departments/Human Services/Divisions/DevDisabilities/

The Snohomish County Developmental Disabilities Division provides a full range of services and supports that enhance the lives of Snohomish County citizens with developmental disabilities and their families. They help individuals who have a developmental disability lead full, active, integrated, and productive lives in their communities. This includes help with access to community activities, employment, retirement, housing, and advocacy. Through contracts and partnerships with other regional agencies DDA offer services that begin at birth and last throughout an individual's life. The Snohomish County Developmental Disabilities Citizen Advisory Board meets monthly on the fourth Tuesday on each month from 4:00 pm to 5:30 pm at Providence General Hospital Pacific Campus in Everett. Contact Stuart Torgerson at (425) 388-7208 or stuart.torgerson@snoco.org for more information.

If you have not already applied for DDA services, CBTC staff can help guide you through the process. It is important that you apply for DDA as soon as possible.

Mail Application to: Division of Developmental Disabilities 840 N Broadway, Ste 100 Everett, WA 98201-1268 Intake questions? Contact: Everett Office Danny Johnson (425) 339-1815 JohnsDK@dshs.wa.gov

#### DIVISION OF DEVELOPMENTAL DISABILITIES



#### Eligible Conditions Specific to Age and Type of Evidence

#### Eligible Conditions Specific To Age (WAC 388-823-0800)

| Eligible Conditions                   | 0-5 | 6-9 | 10-17 | 18+ |
|---------------------------------------|-----|-----|-------|-----|
| Developmental Delays                  | X   | X   |       |     |
| Down Syndrome                         | X   | Х   |       |     |
| Too severe to be assessed             | X   | Х   |       |     |
| Medically intensive Home Care Program | Х   | Х   | X     |     |
| Intellectual Disability (ID)          |     | Х   | Х     | Х   |
| Cerebral palsy                        |     | Х   | X     | X   |
| Epilepsy                              |     | Х   | Х     | Х   |
| Autism                                |     | Х   | Х     | Х   |
| Another Neurological Condition        |     | Х   | Х     | Х   |
| Other condition similar to ID         |     | Х   | X     | X   |

#### Required Evidence of Substantial Limitation

| Diagnosis  | FSIQ                   | Direct Physical<br>Assistance Needs | Adaptive Limitations                      |
|--|------------------------|-------------------------------------|---|
| Developmental Delay per Assessment   |                        |                                     | Developmental<br>Delays                   |
| Down Syndrome  |                        |                                     |   |
| Diagnosis of a condition too severe to complete evaluation or assessment                               |                        |                                     |   |
| Eligible for Medically Intensive Home Care Program   |                        |                                     |   |
| Intellectual Disability (or Mental Retardation) (Down Syndrome diagnosis accepted for condition of ID) | YES                    |                                     | Must be included in diagnostic assessment |
| Cerebral Palsy, Quadriplegia, Hemiplegia, Diplegia   |                        | YES                                 |   |
| Epilepsy, Seizure Disorder   |                        | YES<br>(during seizures)            | *YES                                      |
| Autism, Autistic Disorder (DSM-IV-TR-299.00)   |                        |                                     | *YES                                      |
| Impairment of the Central Nervous System   | YES                    | YES                                 |   |
| Condition or disorder that by definition results in cognitive and adaptive deficits                    | YES or academic delays |                                     | *YES                                      |
| *Vineland, SIB-R or ABAS-2 or ICAP by DDA  |                        |                                     |   |

#### **DDA WAIVER OVERVIEW**

Home and Community Based Waiver Services are voluntary and provide additional support when Medicaid state plan services and other supports are not sufficient. The Division of Developmental Disabilities (DDA) offers services under five targeted waivers – Basic (B), Basic Plus (B+), Children's Intensive In-home Behavioral Support (CIIBS), Core, and Community Protection (CP) – each with specific limits on benefits, services, and enrollees. For more detailed information, see the Waiver Plan Fact Sheet on the DDA Internet Webpage or contact DDA. Participation in all DDA services is voluntary.

# WAIVER ELIGIBILITY CRITERIA

- The individual is a client of DDA.
- The individual has a disability according to criteria established in the Social Security Act.
- The individual must have countable income that does not exceed 300% of the SSI federal benefit standard and countable resources that do not exceed \$2000 or be in the Health Care for Workers with Disabilities (HWD) program. In the case of a child, the parents' income and resources are not considered when determining the child's eligibility for the waiver.
- The individual needs the level of care provided in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).
- An Individual support Plan has been prepared that shows how the individual's health, safety and habilitation needs can

- be met in the community with a monthly waiver service.
- The individual has agreed to accept home and community based services as an alternative to institutional services in an ICF/ID.

#### **ACCESS** to the WAIVERS

You may request to be enrolled on a waiver or to be enrolled in a different waiver at any time. You may do so by contacting your Case Resource Manager or by using the online application. If you are not currently on a waiver, meeting criteria for the waiver does not guarantee access to or receipt of waiver services. Each waiver has a limit on the number of people who can be served in a waiver year. In addition, DDA has the authority to limit enrollment in the waivers based on availability of funding for new waiver participants.

# ADMINISTRATIVE HEARING RIGHTS

It is important that you know that you have the right to an administrative hearing if you dispute any of the following actions:

#### **DDA Eligibility Determination:**

- If you are denied eligibility; or
- If your eligibility is terminated; or
- If there is an unreasonable delay in acting on your application for eligibility.

#### **Service Provisions:**

- If you do not agree with the type or amount of service you are authorized to receive; or
- If you are denied services you have asked for; or

- If you are moved to a different residential setting, not of your choice; or
- If your services are reduced or ended;
- If DDA makes a decision that the services available on your current waiver can meet your health and welfare needs and you disagree.

#### **Refusal or Denial of Requests:**

- A denial of your request to receive ICF/ID services instead of waiver services;
- Refusal to abide by your request not to send notices to any other person; or
- Refusal to be considered for any waiver your request.

#### **DEFINED WAIVER SERVICES**

The services an individual waiver recipient receives are based upon identified health and welfare needs and documented in the Individual Support Plan. The applicable waivers are listed after each service.

#### **Adult Family Home (AFH)**

A regular family home in which a person is licensed to provide personal care, special care, and room and board to more than one, but not more than six adults. *B+* 

#### Adult Residential Care (ARC)

A boarding home for seven or more unrelated adults that provides assistance with activities of daily living. *B+only* 

#### **Behavior Support and Consultation**

Programs designed to support individuals to behave in ways that enhance their inclusion in the community, including direct interventions to decrease challenging behaviors which compromise the person's ability to remain in the community.

#### **Community Access**

Individualized support services that provide opportunities to connect you with people in your local community so that you can build relationships and friendships with others who have similar interests as you.

B, B+, Core only

#### Community Guide

Short term services that increase access to informal community supports. *B, B+, Core only* 

#### **Emergency Assistance**

A temporary increase to the yearly dollar limits specified in the Basic and Basic Plus Waivers when additional waiver services are required.

#### **Environmental Accessibility Adaptations**

Physical adaptations to the home required for the person to continue living in the community.

#### **Extended State Plan Services**

Services beyond the limits of the Medicaid State Plan for occupational, physical, speech, and language therapies.

#### Mental Health Stabilization Services

Services to assist persons who are experiencing a mental health crisis.

#### Personal Care

Provision of assistance with activities of daily living. *B, B+, CIIBS, Core only* 

#### **Provocational Support**

Short term training and skill development to prepare an adult for employment. *B, B+, Core, CP only* 

#### **Residental Habilitation Services**

Assistance to learn, improve or retain the social and adaptive skills necessary for living in the community. Services focus on health and safety, personal power and choice, competence and self-reliance, and positive relationships. *Core, CP only* 

#### Guardianship

#### What you need to know

#### Transfer of parental rights at age of majority

#### What the Law Says

Transfer of parental rights at age of majority is consistent with state and federal laws, RCW 26.28.010 and 26.28.015, when a special education student reaches the age of eighteen, unless declared incapacitated as to person under chapter 11.88 RCW.

#### What the Law Means

When any student reaches the age of 18, all rights under special education law go to the adult student.

#### What Parents Need to Know

Some adult students may need guardianship because of their disability. Guardianship is a legal process. Parents may need to consult an attorney for help with the process. Only a court can appoint a guardian. Guardians are appointed for persons who are unable to make decisions about their health, finances, and well-being.

#### Guardianship

Guardianship is a formal legal process to give a person the power to make decisions for another person. In Washington State, a guardianship petition for an adult is filed in Superior Court.

#### **Options for initiating Guardianship**

**Parent-Generated Guardianship**: The Snohomish County Superior Court offers a packet with forms and instructions for \$20.00. Request packet #57. The packet is available at the Clerk's office, Room M206, County Courthouse, 3000 Rockefeller Ave, Everett, 98201. The filing fee for the paperwork is \$230.00.

**Hiring an Attorney**: The cost for hiring an attorney to complete the guardianship process runs from a few hundred dollars to thousands of dollars. The Washington State Bar Association (WSBA) maintains a list, searchable by area of practice, for private lawyers who provide representation in court for guardianship cases. The website is <a href="http://www.wsba.org">http://www.wsba.org</a>.

Low-Cost and volunteer attorneys are available at the following web sites: WSBA Attorney Programs: <a href="http://www.wsba.org/layers/groups/guide.htm">http://www.wsba.org/layers/groups/guide.htm</a> Access to Justice Lawyer Referral: <a href="http://www.wsb.org/atj/contact/legasst.htm">http://www.wsb.org/atj/contact/legasst.htm</a>

A new law mandates that all guardians, within 90 days of appointment, complete a free online training. You will find more information about the training at <a href="https://www.courts.wa.gov/layguardiantraining">www.courts.wa.gov/layguardiantraining</a>.

#### Other options

**Educational Representation**: By Washington State Administrative Code (WAC) 392-172A-05135:

The school district may designate an educational representative for the student. The educational representative may be the student's parent(s), spouse or another relative. In order for the school district to designate an educational representative for the student, the following must be met.

Two separate professionals must state in writing they have conducted a personal examination or interview with the student, the student is incapable of providing informed consent to make educational decisions, and the student has been informed of this decision. The professionals must be:

- A medical doctor licensed in the state where the doctor practices medicine
- A physician's assistant whose certification is countersigned by a supervising physician
- A certified nurse practitioner
- A licensed clinical psychologist
- A guardian ad litem appointed for the student

**Representative Payeeships**: A representative payee is someone appointed by a government agency to act as a substitute to receive and manage the benefits owed to a recipient. Agencies using representative payeeships for benefits include:

- Social Security Administration
- Veterans Administration
- Department of Defense

**Durable Power of Attorney**: A durable power of attorney can give the agent authority to make health care or financial decisions for the student when the student becomes unable to make such decisions.

A student, the person signing a power of attorney, must be mentally competent and he must select an agent or attorney free from any undue influence. The agent will act on the student's behalf when the power of attorney takes effect. While Washington law does not require that a power of attorney be witnessed or notarized, it is recommended because many other states do and a power of attorney will only be recognized in another state if that state's requirements are met. The notary must confirm the student's identity and affirm that he is mentally competent. At least two witnesses must watch the student sign the power of attorney to ensure that the signing is voluntary. No one related to the student by blood or marriage can serve as a witness. Additionally, the student's physician and anyone who works in a health care facility where the student resides are also disallowed as witnesses.

Durable power of attorney forms are found online.

Guardianship is a very personal family decision. There are a variety of websites to explore as you gather information about what is best for your student. Some recommended websites are:

http://www.washingtonlawhelp.org/wa/searchresults.cfm/language/1?q=guardianship

http://arcofkingcounty.org/resource-guide

http://www.aasa.dshs.wa.gov/pubinfo/legal/guardianship.htm

#### Social Security Administration - http://www.ssa.gov/ssi/



Are you signed up for Social Security Benefits (SSI, SSDI OR SSDAC)? **IMPORTANT:** This is easier to obtain <u>BEFORE</u> your son/daughter has an extensive work history.

Eligibility: 18 years, assets of <u>less than \$2000</u> and disability status (for under age 18, family income usually determines eligibility).

Social Security Offices: 1-800-772-1213.

Supplemental Security Income (SSI) is a monthly cash benefit for adults who are age 65 or older, or blind, or have a disability and don't own much or have a lot of income. Monthly benefits can also go to children who have a disability if the family qualifies under SSI family income guidelines.

People who are on SSI are automatically eligible for Medicaid (the program that helps pay doctor and other medical bills) and may be eligible for Food Stamps. You can apply for these programs through the local Department of Social and Health Services Community Services Office.

In deciding whether an adult with a disability qualifies for SSI, the <u>Social Security Administration</u> (the federal agency that administers SSI) first looks at whether the applicant has a "medically determinable impairment." This task is assigned to the state office of Disability Determination Services (DDS). DDS determines:

- Whether the person meets the criteria for having an approved "medically determinable impairment". The Social Security uses a set of "listings" of qualifying conditions to decide what is a qualifying disability. This is a list of approved conditions, diagnoses and descriptions of disabilities such as Down Syndrome, Cerebral Palsy, Autism, and other conditions that have been determined to qualify as disabilities under the rules of the Social Security Administration.
- Whether the person have signs, symptoms or conditions that "equal" the listings. This means that the Social Security Administration may make a determination based on whether someone has a condition that creates barriers or a disability equal to those described in the listings.

In addition to having a "qualifying condition", an adult who has a disability must demonstrate that this disability interferes with their ability to earn a certain level of income in order to qualify for SSI. The Social Security Administration calls this income level "substantial gainful activity" (SSA). Because income is determined by all household members before someone turns 18, it is difficult for minors to qualify. At age 18, even if your child has been denied before, your adult child should reapply. The determination is now based only on the adult child's income, not the household income.

Income of parents, guardians or other household members is not taken into account when an adult (age 18) is applying for SSI. However, household income does become a factor if the adult with a disability is married. If your adult child is acting as a household of one (i.e., paying you room & board \$500), they should receive the maximum SSI amount.

Once you are eligible for SSI, then contact local Community Services Office (phone book: Blue pages; Washington State of, Social and Health Services Department of, Community Services Office. Assigned by zip code of where the individual resides.) or online at:

https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/findservice.asp

#### Do you know about paid employment and how it will affect you SSI?

If you are qualified into the DDA system and are 18-21, Belinda Bocci will help guide you through the process. She is the Snohomish County Social Security Benefits Planner and she can be reached at (425) 388-7259.

#### Do you know about Medicaid Personal Care?

(Federal/state program which allows people to have care providers for their personal care needs. Parent can be the paid provider if person is over age 18.) If a parent is the caregiver you will need to take a onetime training. There is no continuing education requirement.

Contact 1-888-754-8798, The Arc of Washington to enroll in training.

Eligibility: Must be on SSI with Medicaid Coupons. Medical Coupon must say "CNP" on lower right side of coupon. CNP is categorically needy program.

Contact your DDA case manager with specific questions about Medicaid Personal Care.

#### **Working Age Adult Policy**

There is a new statewide policy called WORKING AGE ADULT POLICY. This policy supports gainful employment in integrated settings as the goal for all adults age 21 to 62. (Community access will be obtained by an exception to policy.) The Working Age Adult Policy makes an assumption that adults with developmental disabilities can work or "be on a pathway to employment". This policy should now help individuals achieve the goal of employment. This policy was in full implementation statewide by 7/1/06. (If your son/daughter's disabilities are significant enough that you believe he/she will not be able to work, contact your case manager.)

#### **Job Vendor**

#### **CHOOSING A SERVICE PROVIDER**

Take the time to learn about what support options are available to you. Choosing your own provider is one of the first steps towards putting you in the driver's seat.

Your support provider should be a bridge builder who helps you meet your goals and builds supportive relationships with employers, coworkers, neighbors and other community members. It is very important that you choose someone you can work with. The County provides a list of qualified providers and information about each agency or contractor. You should plan on visiting with two or three different agencies and asking as many questions as you need to feel informed. Ask a family member or your Personal Agent to go with you.

In order to make your interview time the most valuable, think about what is most important to you and develop questions that will get you that information prior to your meeting. A list of interview questions has been included to assist you. You will also need to be prepared to state your expectations, goals and what you are willing to do to help. This is a partnership and the provider will be checking to see if you can work together.

#### Think about what kind of questions to ask...

- What experience does he/she have working with people with disabilities?
- What kind of services does he or she offer? (for example: job development, on-the-job training, follow-along, community connections)
- Will I be updated weekly, bi-monthly, monthly? (What is your preference?)
- Can I call the job developer during the job search process?
- Describe some "typical" jobs or volunteer situations that have been developed through your agency.
- Explain your strategies behind developing jobs for people with disabilities.
- Explain how you develop connections in the community.

#### Be clear about your needs ...

- Explain your expectations as clearly as possible.
- Ask the person whether he/she can meet those expectations.

#### Do you like this person?

- Do you trust this person?
- Does he/she treat you with respect?
- How does this person present him/herself?
- How does he or she present the people he/she serves?

#### INTERVIEWING EMPLOYMENT VENDORS

**Job Vendor** 

#### **Examples of Questions to Ask When Interviewing Service Providers**

The following questions are intended to prepare you to interview an employment vendor about their employment services and the quality of those services.

Would you be willing to interview with us at our home?

How does your agency develop job leads for people?

What companies have you placed people at and in what types of jobs?

What is your marketing approach with a new, prospective employer?

How many people does this agency serve in supported employment?

Do you provide training for employers, employees or family members?

What type of feedback on job development and training do you provide for the family? How often?

When you are doing job development will you provide transportation for the individual, if necessary?

Will the job developer also provide the on the job training or will another individual be hired to do so (i.e. job coach, natural supports set up, co-worker trainer, etc.)?

How long do you usually provide job coaching for a new worker and will you set up natural supports on the job site as part of the on the job training?

Describe some of the factors you consider when matching an employment site and the individual?

What kind of activities will you do with the individual to better acquaint yourself with them?

What/how do you charge for your services?

How do you determine your fee for the necessary services?

Would your agency be willing to negotiate your fees?

Would you be able to continue job development after the funding has run out?

Do you help support or develop transportation services for the individual when a placement has been determined?

#### Reminders

- ➤ These questions are only a general guideline developed to assist you with preparing yourself for the interview process. As you prepare, you will begin to think of questions that may be more specifically related to your particular needs as a consumer. Don't hesitate to ask any question you may have during the interview process!
- ➤ Prior to meeting with the vendor, it is suggested that you have a firm understanding of what program you are affiliated with (Self-directed Services, Personal Agent Services, DVR, Transition, etc.). You will also need to understand how much money is available to you (County funding). Providing the vendor with program information will save both of you time. This information will assist the vendor in understanding what type of services you may be inquiring about and funding available to assist you in your program development.
- As you begin to interview vendors, the process will raise additional questions that you may have never thought of. This is okay! If you feel the need to do second interviews to complete a more specific comparison of services, take the extra time to re-interview. There is no timeline, but your own, for the selection of a service provider!