



Job Foundation Application

DATE

Applicant Information

STUDENT'S NAME		BIRTH DATE (MM/DD/YYYY)	
CONTACT PHONE NUMBER (AND AREA CODE)	EMAIL		
STUDENT'S STREET ADDRESS	APARTMENT / UNIT NUMBER	CITY	STATE ZIP CODE
NAME OF SCHOOL		SCHOOL DISTRICT	
	YES	NO	
Own legal guardian?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently a client of DDA?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, DDA Case Resource Manager's Name: _____			
Have you applied to Vocational Rehabilitation?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you receiving Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
JOB FOUNDATION APPLICATION – COUNTY'S NAME			

Certification

Student Authorization

- 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 authorized the Department of Social and Health Services, Developmental Disabilities Administration to release information to the Job Foundation application County named. This exchange is authorized for information relevant to eligibility determination and coordination of service delivery and all information will be kept confidential.

STUDENT'S SIGNATURE	DATE
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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 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.

Disclaimer and Guardian

I certify that my answers are true and complete to the best of my knowledge.

GUARDIAN'S SIGNATURE	DATE
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