



Applicant Name: _____

SUBMIT the completed application to one of the following:

Meghan Lebow	Lu Merrick
Project SEARCH Manager	Director of Post High School Programs
SEEC 1300 Spring Street, 4th Floor Silver Spring, MD 20910	The Ivymount School 11614 Seven Locks Road Rockville, MD 20854
PSRecruitment@seeconline.org	lmerrick@ivymount.org

Note that attendance at one Information Session is mandatory for acceptance into the program. If you need to know the dates/times of the sessions we are offering, please reach out.

ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SUBMITTED TOGETHER FOR APPLICATION TO BE CONSIDERED. (including all email and phone contact info)

- Current Photo of applicant
- Copy of High School diploma or certificate of completion
- Current IEP for applicants who are currently in school
- Person Centered Plan (PCP) for applicants who currently receive DDA/DDS supports
- Most Recent Psychological evaluation/report (school or private therapist/counselor)
- Applicant's Work/Volunteer History/resume (including details about specific work tasks)
- Proof of funding (i.e., eligibility letter from DDA; service funding plan for DORS/RSA).
- Copy of state issued photo ID (front and back)
- Copy of Social Security card
- Copy of Medicaid card
- Copy of Metro ID (if available)
- Parent Questionnaire completed

Application Process

- ✿ Please initial HERE _____ to indicate your permission for members of the Selection Committee - consisting of our Business Partners, representative(s) from SEEC, representatives from The Ivymount School, and representatives from: Maryland and District of Columbia Vocational Rehabilitation agencies, Maryland and District of Columbia Developmental Disabilities Administration - to review the application and all accompanying documents to determine compatibility with Project SEARCH Program requirements.
- ✿ Vocational Rehabilitation Counselors will complete eligibility and develop Individual Plan of Employment - summer before program starts.
- ✿ **Maryland Residents Only** – must have DDA funding in place prior to start date of program or have private pay agreement established with Ivymount.
- ✿ **Student Applicants Only** – IEP amendments (if applicable) completed by August prior to start of PS program.

Program Logistics

- ✿ Acceptance into the Project SEARCH program is NOT a guarantee of employment.

- ✿ If accepted, all applicants are required to attend an Open House in the summer at the host business site to learn about the work-place culture, possible internships and meet the instructor and job coaches (Date TBD)
- ✿ If accepted, some sites will require that an intern be able to pass a criminal background check and drug screen. The NIH program (only) requires each intern to provide documentation of a negative TB test taken within 6 months of the program's start date.
- ✿ Project SEARCH programs begin late August to early September.

Please complete and return (print clearly)

A Applicant's Personal Data

Name _____
LAST FIRST MIDDLE

Address: _____
Street City Zip Code

Applicant's Email _____ Applicant's Phone# _____

Date of Birth: _____ Male Female Binary

Parent/Guardian Name: _____ **Parent/Guardian** e-mail: _____

Address: _____
Street City Zip Code

Parent/Guardian #1 Home Phone: _____ Cell Phone #1: _____

Place of employment: _____ Work Phone: _____

Parent/Guardian #2 Home Phone: _____ Cell Phone #2: _____

Place of employment: _____ Work Phone: _____

Disability _____ **Ethnicity** _____

B. Parent/Student Information:

1. Records (school, etc) concerning my son/daughter will be reviewed by the Project SEARCH Selection Committee
2. Equal Opportunity: Project SEARCH placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

A four-week trial period will be required of all accepted enrollees. If at any time during this trial period the PS team deems that the program is not a good fit, a meeting will be held with all parties and the intern's placement will be terminated. The parent and applicant agree to comply with this procedure.

Parent/Guardian Signature: _____ Date: _____

Applicant Signature _____ Date: _____

Current Service Provider Information:

Are you currently working with a Service Provider/adult agency? Yes No

Agency contact/consultant's name: _____

If "Yes" provide agency name: _____

FUNDING & SERVICES AGENCIES: (Complete information needed)

Do you have a Vocational Rehabilitation Counselor?

(MD-DORS or DC-RSA) Yes No

Counselor's Name _____ Phone Number: _____

Have you applied to DDA (Maryland residents) for funding? Yes Don't Know No
DDA funding is the main funding source for participation in Project SEARCH. Without secured DDA funding in place, applicants may consider private pay as an option.

Are you eligible for long-term funding? (MD DDA Transitioning Youth Services or DC DDS Services)

Yes Service Co-ordinator Phone Number: _____
No _____

Are you currently using "Self-Directed" funding?

Yes Support Broker Phone Number: _____
No _____

Do you have Medical Assistance (Medicaid)?

Yes Medicaid # _____
No

Do you have SSI or SSDI?

Yes SSN # _____
No

FUTURE EMPLOYMENT PREFERENCES and BACKGROUND:

Do you want to get a job upon completion of the program? Yes No

Does your family support the goal of community employment? Yes No

How do you want to be employed upon completion of Project SEARCH?

Full time Part time

Do you plan to work during the year, in addition to attending the Project SEARCH Program?

Yes

No

If yes where? _____

How many days/ hours? _____

Are you able to pass a background check?

Yes

No

If no, why? _____

List current or past jobs you have had outside of your school program (volunteer or paid):

Employer	Job Title	Job Duties	Supervisor Name	Email	Paid	Un-paid
		1. 2. 3. 4.				
		1. 2. 3. 4.				
		1. 2. 3. 4.				

Have you ever been quit or been fired from a job?

Yes

No

If yes, please explain:

Can you get to school, work or other appointments on time and independently?

Yes

No

Are you willing to use public transportation to get to and from the program? Yes No

Do you and your family understand that it is a requirement of the program to either use public transportation (preferred), or make private arrangements to and from program? Yes No

Do you get back to work/class on time after breaks and lunch? Yes Sometimes No

Are you able to stay on task until the job is finished? Yes Sometimes No

Can you return to a task and finish it if you are interrupted in the middle? Yes Sometimes No

Are you comfortable asking your boss or co-workers for help when needed? Yes Sometimes No

What are your strengths? _____

Please list any strategies that have been successful and lead to greater independence for you:

- _____
- _____
- _____

MEDICAL/PHYSICAL SUMMARY

Do you take regular medications or are you prescribed rescue medications (i.e. inhaler, epi-pen, seizure)?

Yes Please complete table below No

Medications/ Dosage/ Time of day taken by applicant

Medication	Dosage	Time of day	How does it help?	Taken Independently Y/N

How long can you be on your feet? _____

What assistive devices do you use? Glasses or contacts Hearing aid(s) Assistive Tech device

Walking or mobility aid or mobility aid other: _____

BEHAVIORAL/PSYCHOLOGICAL/EMOTIONAL SUMMARY:

***Please make sure you include most recent Psychological report or therapist summary.**

Do you have any behaviors that need support in order to have a successful job placement?

Yes No

Please Explain:

Do you see a specialist such as a psychologist, therapist, social worker/counselor, psychiatrist, neurologist, etc. and if yes, how often/how does it help?

Yes

No

Please Explain:

In what setting do you feel you are at your best? _____

What is the toughest/most challenging part of your day/week? _____

***NEATLY* List Three References other than family (REQUIRED TO PROCESS APPLICATION):**

	Name	Type of Reference	Phone Number	Email Address
1.				
2.				
3.				

If the applicant did not complete the application themselves please identify the person assisting the student/individual to complete this application.

Name and Organization	Relation to Applicant	Relation to Applicant	Date
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Signature

APPLICANT RESPONSE QUESTION

Why do you want to participate in Project SEARCH? (Complete in **your own words** and/or person assisting will write the responses **in the applicant's own words**)

PROGRAM PREFERENCE:

The selection committee will make recommendations for placement in the Project SEARCH program that we believe best matches an applicant's skills and interests and gives that applicant the best opportunity for employment. Indicating a preference for a specific program is no guarantee that if accepted you will be placed in that location nor is it a guarantee of employment at that location. If you are **only interested in one program** then only indicate that program as your preference, understanding that it may limit your options for placement.

If accepted into Project SEARCH, I am **only** interested in attending the following program: _____.