



**Applicant Name:** \_\_\_\_\_

**SUBMIT** the completed application to one of the following:


[PSRecruitment@seeonline.org](mailto:PSRecruitment@seeonline.org)


**Note that attendance at one Information Session is required for acceptance into the program.**


Please submit the following documents when applying:


- 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)**
- Resume of Applicant's Work/Volunteer History**
- Proof of funding (i.e., eligibility letter from DDA; service funding plan for DORS/RSA).**
- 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.


 We uphold ourselves to being good stewards of personal information meaning that we will only share relevant and necessary information

 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

Coun-  
selor's

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  
Coordina-  
tor

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



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:**

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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:**

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

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

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**\*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: \_\_\_\_\_.

Where did you hear of Project SEARCH: