Project | SEARCH

Applicant Name: _____

SUBMIT the completed application to one of the following:

PSRecruitment@seeconline.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.
- Project SEARCH programs officially begins in early September with on-boarding and summer activities starting in July.

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 ☐

If "Yes" provide agency name:_____ Agency contact/consultant's 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 Coordinator _____ 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 Last 4 digits of 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**	**Unpaid**
					☐	☐
					☐	☐
					☐	☐

Have you ever 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 trans-portation (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 Indepen-dently 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

If posi**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 Date

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**)

Where did you hear of Project SEARCH: _____