

Project SEARCH Application - High School Model

Thank you for your interest in Project SEARCH!

Project SEARCH is a transition to work program that lasts for 1 school year. The program serves young adults with intellectual and developmental disabilities that need an intensive year of career development, internship experience, and support to reach their goals.

To apply, individual must be:

- At least 18 years old
- Enrolled in High school: name _____
- referred by _____
- Has an IEP
- Eligible for Vocational Rehabilitation (VR) services
- Eligible/in process for OPWDD benefits

There are 4 steps to the process.

Step 1: Your school will assist you and your parent / guardian in completing this application. Then they must mail or email it.

- Your name, contact info, and pertinent information listed below:

Step 2: The Project SEARCH Selection Team will:

- Receive documentation from your school: Documents and information including last IEP and triennial educational evaluations including speech and psychological, transcript and Career plan. Additional information may be requested. CHECKLIST at end of application for ease of completion.
- Documentation from your Care manager including eligibility documentation, contact information of Access VR counselor and care manager/broker, plus Life Plan, if completed.
- Review these and consider your strengths, needs, and eligibility.
- Decide if you can move forward in the process.
- Inform you and your parent / guardian of next steps.

Step 3: If you are eligible to move forward, you must participate in the Skills Assessment Day.

- This is on tentatively on Feb 27th with a second option of March 5th at 55 Palmer Hall, Bronxville. Please put this date on your calendar. We will give you more details about this later.

Step 4: The Selection Team will:

- Review the Assessment Day and prior information, and then select the interns for the next year.
- Contact your school and your parent / guardian to let you know if you were accepted.

Project SEARCH Application

Please fill out this form with someone from school and your parent/guardian. Before you fill out this form, please attend an information session, tour the program, and watch this video about Project SEARCH: (<https://www.youtube.com/watch?v=8juNYG6nP1U>).

Contact Information for applicant

1) Student/Applicant

Name:

Home Address:

Phone Number(s):

Email:

Birthday:

2) Parent / Guardian/Main family contact

Name:

Home Address:

Phone Number(s):

Email:

3) School official who referred you & submitted this application:

Name/Title:

School Address:

Phone Number(s):

Email:

Education History

4) What is your current high school?

5) What is your current main teacher's name/email?

6) What is your transition or Guidance counselor's name/email?

7) How many years have you finished of high school at the end of this school year?

8) Is next year your last year of high school? Y N

9) Have you attended Boces programming? Y N If YES, what classes?

10) What credential will you finish HS with?

Work History

11) Use the chart below to list any volunteer work, non-paid training, school internships, and paid work you have had. Add any additional experiences at the end of the application.

Workplace	Dates of work	Work duties	Non-paid or paid?

The goal of Project SEARCH is for you to get a job where you:

- Work in an integrated setting. This means you work with people with and without disabilities.
- Are paid the typical wage for the job.
- Work at least 16 hours each week (with the goal to work full time)

12) Are you willing to work 16 or more hours a week in an integrated setting after you finish Project SEARCH? Y N

13) Where would you like to ideally work after you finish Project SEARCH (“desired job”)

14) Does your family support your work goals? Y N

15) Please list two references and contact info (phone) and your relationship with them

a) _____

b) _____

Eligibility for Other Services

16) Have you been approved for services with **ACCES-VR** (Vocational rehab)? Y N

- If so, who is your counselor?
- If not, have you applied? Y N Not Yet

If you have not applied, WIHD/CSN can assist.

Have you been approved for **long term adult support such as:**

- SSI and Medicaid eligible? Y N In Process
- OPWDD eligibility determined? Y N In Process
- If YES to OPWDD, TABS #
- If YES, who is your case manager?
- If IN PROCESS, when did you apply?

If you have not applied, WIHD/CSN can assist.

Personal Statement (Answer the Questions Below) (If this section is scribed, please write the exact words used by the student. Use as much space as needed.)

17) Why do you want to be a Project SEARCH intern?

18) What 3 things do you want us to know about you?

19) How did you find out about Project SEARCH?

20) What do you do in your free time? What is your favorite activity?

21) We all have something that upsets us or makes us nervous. Can you share something that makes you anxious or upset?

22) Do you do anything to make yourself calm if you are upset? Any strategies like deep breathing or taking a walk?

23) Do you ever spend any time on your own at home, in the community, or in school or is there someone with you at all times for safety?

Is there anything else you or your guardian/parent would like to share with us in advance?

Release of Information

After looking at this form, the Selection Team will reach out to your school and agency contacts. They will ask for other information to get to know you better.

This will include (see checklist at the end of application)

- Education documents such as: Evaluation Team Report (ETR), Individualized Education Program (IEP), attendance and health records, assessments
- VR documents such as: Individualized Plan for Employment, other assessments
- Long term support documents

You and your parent / guardian will need to sign the below “Release of Information” form. Do you have any concerns about this release of information? Y N

Parent/Intern Candidate UNIVERSAL RELEASE of INFORMATION:

I give permission for the intern’s educational/employment records concerning son/daughter to be transferred from his or her school/placement to Project SEARCH Partners (WIHD/CSN, New York- Presbyterian Westchester Hospital, Ability Beyond)

Intern Signature X _____

Date_____

Parent/Guardian Signature X _____

Date_____

PHOTOGRAPHY RELEASE: I also give my consent to have Project SEARCH (WIHD/CSN, NYP Westchester Hospital, Ability Beyond) take and use photographs or films of me and/or interview me for publicity, educational, marketing, advertising and fundraising purposes through internal publication, external publication, radio, television.

Intern Signature X _____

Date _____

Parent/Guardian Signature X _____

Date _____

Thank you! We will email you to let you know we received your application.

Please email this application to eevangelista@wihd.org or via USPS mail:

WIHD/ Community Support Network Attention: Janet Caro

Cedarwood Hall

20 Hospital Oval West Valhalla, NY 10595

Project SEARCH Intern Agreement (PLEASE DO NOT SIGN YET)

You and your parent / guardian will need to sign this agreement **if you are accepted into the program.**

I, _____, understand that if I am accepted into the Project SEARCH program

- I will complete at least 3 unpaid internships at NYP Westchester Hospital, Bronxville, NY.
- I will attend the program every day from 8:45 am- 2:45 pm (this is subject to change).
- I will follow the dress code and arrive looking clean and neat.
- I will contact my instructor and mentor when I am absent or tardy.
- I will follow all the rules of **NYP Westchester Hospital and of the Project SEARCH** program, including medical clearance, flu/Covid vaccine requirements, mask wearing, and trainings. I understand that NYP must complete a background check.
- I will attend all meetings with my manager, parent/guardian, teacher, skills trainers, and business staff and will discuss any issues at my meetings.
- I will actively look for a job that is 16 hours a week or more in an integrated setting.

I have read the statements above. I agree to these terms. I accept my placement in the Project SEARCH program. I understand that I may be asked to leave Project SEARCH if I do not follow these terms.

X _____ Date: _____

REQUIRED DOCUMENTATION CHECKLIST:

SCHOOL DISTRICT:

- **Last IEP**

Triennial Reports to include:

- **Speech & Language Evaluation**
- **Educational such as WIAT or Woodcock-Johnson**
- **Daily skills Assessment**
- **Psychological Evaluation**

Additional Documentation such as:

- **Behavioral reports**
- **Transcript**
- **Career Plan (for CDOS)**
- **Any pertinent information district officials deem appropriate**

CARE MANAGERS/FAMILIES:

- **Proof of OPWDD eligibility, with TABS number**
- **SSI & Medicaid status and ID number**
- **Life Plan**
- **ACCES-VR Status & Counselor contact**
- **ParaTransit status & ID number**
- **Proof of vaccinations**
- **Last Medical exam**