

Applicant Name:	
<del>-</del>	

**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
	A !*
<b>.</b>	<u>Application Process</u>
E	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
<b>.</b> ¥ə	documents to determine compatibility with Project SEARCH Program requirements.
E	
E	We uphold ourselves to being good stewards of personal information meaning that we will only share relevant

- 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 <u>able to pass a criminal background check</u> 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.

and necessary information

## Please complete and return (print clearly)

## A. Applicant's Personal Data

	Last	First	Middle
Address	<b>3:</b>		
	Street	City	Zip C
Applica	nt's Email	Applicant's Phone	#
Date o	f Birth:		Nale Female Bir
Parent/ Name:	Guardian	Parent/Guardian e-mail:	
Address	S:		
	Street	City	Zip Co
Parent/Phone:	Guardian #1 Home	Cell Phone #1:	
Place of	f employment:		Work Phone:
Parent/Phone:	Guardian #2 Home	Cell Phone #2:	
Place of	f employment:		Work Phone:
Disabili	ity	Ethnicity	

Date:

Parent/Guardian Signature:

Ap	plicant Signature	Date:
	ce Provider Information: y working with a Service Provider/adult aç	•
If "	Yes" provide agency name:	Agency contact/consultant's name:
	<b>SERVICES AGENCIES: (Complete info</b> /ocational Rehabilitation Counselor? C-RSA) Yes No	ormation needed)
	Coun- selor's	Phone Number:
DDA funding is ting in place, ap	olicants may consider private pay as an op	Project SEARCH. Without secured DDA fundation.
	for long-term funding? (MD DDA Transition	•
Yes	Service Coordina- tor	Phone Number:
No		-
Are you current	y using "Self-Directed" funding?	
Yes	Support Broker	Phone Number:
No		
Do you have Me	edical Assistance (Medicaid)?	
Yes	Medicaid #	
No		_
Do you have SS	or SSDI?	
Yes	SSN #	
No		-
FUTURE EMP	LOYMENT PREFERENCES and BACK	GROUND:
Do you want to	get a job upon completion of the program?	? Yes No
Does your famil	y support the goal of community employme	ent? Yes No

low do you v	vant 1	to be emplo	yed upon completi	ion of Project SEAR	CH <sup>§</sup>		
F	ull tin	ne	Part time				
o you plan t	o wo	rk during th	e year, in addition	to attending the P	roject SEARCH F	Program?	
Y	'es			No			
If	f yes	where?		How mo	any days/ hours		
re you able	to po	ass a backg	round check?				
Y	'es			No			
I <del>f</del>	f no,	why?					
			ive had outside of				
Employ	yer	Job Tile	Job Duties	Supervisor Name	Email	Paid	Un- paid
			1. 2.				
			3. 4.				
			1.				
			2. 3. 4.				
			1.				
			2. 3.				
			4.				
ave you eve	er bee	en quit or b	een fired from a jo	pp\$			
	'es			No			
yes, please	exnl	ain.					
700 <b>7</b> p.0000	oxp.	<b>G</b>					
an vou aet t	to sch	aal. wark a	r other appointmer	nts on time and ind	ependently?		
	/ <u>a</u> c		тыст арронинст	No.	- p		

Are you wi	lling to use public	transporta	tion to get to ar	nd 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	t back to work/cle	ass on time	after breaks an	d lunch? Yes	Sometimes No	
Are you ak	ole to stay on task	until the jo	b is finished? Y	es Sometimes	No	
Can you re	eturn to a task and	d finish it if	you are interrup	oted in the middle? Ye	es Sometimes No	
Are you co	mfortable asking	your boss o	or co-workers fo	r help when needed?	Yes Sometimes No	
What are	your strengths?					
Please list	any strategies tha	at have bee	n successful and	lead to greater inde	pendence for you:	
•						
•						
•						
Do you tak	e regular medica		•	AL SUMMARY	.e. inhaler, epi-pen, seizure)	
DO YOU TUR	_		e table below	N		
Medication	ns/ Dosage/ Time	of day tak	en by applicant	•		
	Medication	Dosage	Time of day	How does it help?	Taken Independently Y/N	
How long o	can you be on you	ır feet?				
What assis	stive devices do	you use?(	Glasses or conto	acts Hearing aid(s)	Assistive Tech device	
Walking o	r mobility aid or r	nobility aid	other•			

					al report or therapist summary. cessful job placement?
•		Yes		No	
Pleas	se Exp	lain:			
			as a psychologist, th ow does it help?	erapist, social worke	er/counselor, psychiatrist, neurologist,
		Yes		No	
If pos	si <b>Plea</b> :	se Explain:			
In wh	at sett	ing do you feel	you are at your best?	?	
What	t is the	e toughest/most o	challenging part of ye	our day/week?	
*NE A	TIV*	List Three Pofer	ances other than fam	Silv (PEOUIPED TO	PROCESS APPLICATION):
NEA		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
	Signature			
•		ject SEARCH? (	ONSE QUESTION (Complete in your own wor words)	r <b>ds</b> and/or person as-
The selection that we be portunity for cepted you you are on standing the	lieve best matches an app or employment.Indicating will be placed in that loca ly interested in one progra nat it may limit your option	licant's skills a a preference fo ation nor is it a a <u>m</u> then only in as for placemer	ns for placement in the Pro nd interests and gives that or a specific program is no guarantee of employment ndicate that program as yo nt. d in attending the followin	applicant the best op- guarantee that if ac- t at that location. If ur preference, under-

Where did you hear of Project SEARCH: