



***Penn State Health
Project SEARCH
Candidate Application
2018-2019***

Candidate Name: _____

High School Name: _____

School District: _____

Application Purpose and Guidelines

The purpose of this application packet is to outline the skill set of the Penn State Health (PSH) Project SEARCH student candidate. This application enables the Selection Committee to properly assess each student candidate's interests, skills, abilities and background. A parent, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information. Our goal is to select students who will be successful in the PSH Project SEARCH program and reach the outcome of competitive employment.

**Submit the completed application to the address below by
Friday, January 19, 2018.**

Return application to:

Capital Area Intermediate Unit
Attn: Central Referral
55 Miller Street
Enola, PA 17025

Application Packet Checklist

PLEASE NOTE

ALL REQUIRED DOCUMENTS LISTED BELOW MUST BE COMPLETE AND SENT WITH THE COMPLETED APPLICATION FOR THE APPLICANT TO BE CONSIDERED. IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE CONTACT YOUR SCHOOL DISTRICT STAFF.

- Application Packet**
- Photo ID**
- Current Evaluation Report (RR, signed by Psychologist) and Individual Education Plan (IEP)**
- Transition Assessment** – most recent vocational evaluation or career interest survey
- High School Transcript**
- Attendance Record**
- School Medical Records**

Selection Process

The PSH Project SEARCH Selection Committee will review the applications, and if accepted, the applicant will be invited to participate in an Assessment and Interview Day.

The Selection Committee will include the Penn State Health Medical Center Business Liaison, the PSH Project SEARCH Instructor, PSH Project SEARCH Job Coach, and representatives from the Office of Vocational Rehabilitation and other agency/school representatives.

Entrance Criteria

- Be at least 18 years of age.
- Agree that this will be the last year of school eligibility and have completed all High School credits and graduation requirements or have been determined to graduate based on the completion of IEP goals.
- Must meet eligibility requirements for Vocational Rehabilitation.
- Meet eligibility requirements for the Office of Intellectual Disabilities (preferred but not required).
- Have independent personal hygiene and grooming skills.
- Have independent daily living skills.
- Maintain appropriate behavior and social skills in the workplace.
- Take direction from supervisors and change behavior.
- Be able to communicate effectively.
- Have independent transportation resources – preferred. Program will work with individuals that may need assistance in acquiring transportation.
- Have previous experience in a work environment (including school, volunteer, and paid work).
- Immunizations must be up to date.
- Have the desire and plan to work competitively in the community at the conclusion of the Project SEARCH program.

Recruitment Timeline for the 2018-2019 Program Year

Candidate requirements are underlined. Other items are provided for information purposes only. Months are tentative

<u>December 2017</u>	Office of Vocational Rehabilitation (OVR) Counselors will open eligible cases
<u>January 2018</u>	Completed applications and CAIU referral due by Friday, January 19, 2018
<u>February 2018</u>	Assessment & Interview Day
<u>February 2018</u>	Selection Committee meets
<u>March 2018</u>	Letters mailed to families and district points of contact by mid-March
<u>April 2018</u>	Information Night at Penn State Health Medical Center
<u>May/June 2018</u>	IEP's written with affiliated school and Project SEARCH team members
<u>August 2018</u>	PSH Project SEARCH Program Begins and follows affiliated School District Calendar

DATE OF APPLICATION: _____

Applicant Information

Full Name:		Date of Birth:	
Street Address:			
City, State, Zip Code:			
Phone Number:		Email Address:	
School District:		High School:	
IEP Case Manager:		IEP Case Manager Email Address:	

Parent/Guardian Information

Father/Guardian Name:		Preferred Contact Number:	
Email Address:			
Mother/Guardian Name:		Preferred Contact Number:	
Email Address:			

Educational Background

Do you agree this will be your last year of school eligibility? YES NO

Have you completed all High School credits and graduation requirements or have you been determined to graduate based on completion of IEP goals? YES NO

Other than public education, have you received any additional formal training? YES NO

If YES, list program, date, and location of any additional formal training:

Program	Date	Location

Support Services

Are you receiving services from the Office of Vocational Rehabilitation (OVR)? YES NO

If YES, please provide the following information:

OVR Counselor:		Contact Number:	
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Do you utilize MH/ID services?

YES NO

If YES, please provide the following information:

MH/ID Contact:		Contact Number:	
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Have you utilized services from other agencies in the past?

YES NO

If YES, please provide the following information:

Agency:		Dates of Service:	
Agency Contact:		Contact Number:	
Services Received:			

Agency:		Dates of Service:	
Agency Contact:		Contact Number:	
Services Received:			

Medical History

List any health or medical issues that may impact participating in this program:

Transportation Services

What will be your primary means of transportation to and from Project SEARCH?

Public Transportation Self Family Other: _____

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Public Transportation Self Family Other: _____

Employment Background

What are your employment goals? Full-Time (40 hrs/week) Part-Time (20 hrs/week)

Do you plan to work during the school year outside of Project SEARCH? YES NO

If YES, where? _____ How many hours/week? _____

Do you have previous work experience? YES NO

If YES, provide the details requested below:

Employer:		Job Title:	
Supervisor:		Contact Number:	
Start Date:		End Date:	
Paid Position:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Job Task 1:	
Job Task 2:		Job Task 3:	
Job Task 4:		Job Task 5:	

Employer:		Job Title:	
Supervisor:		Contact Number:	
Start Date:		End Date:	
Paid Position:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Job Task 1:	
Job Task 2:		Job Task 3:	
Job Task 4:		Job Task 5:	

Employer:		Job Title:	
Supervisor:		Contact Number:	
Start Date:		End Date:	
Paid Position:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Job Task 1:	
Job Task 2:		Job Task 3:	
Job Task 4:		Job Task 5:	

Did you receive job coaching or other support in previous jobs? YES NO

If YES, please list here:

Have you ever been fired from a job? YES NO

If YES, why?

Have you ever quit a job? YES NO

If YES, why?

Volunteer Experience

Do you have previous volunteer experience? YES NO

If YES, provide details requested below:

Organization:		Position Title:	
Supervisor:		Contact Number:	
Start Date:		End Date:	
Volunteer duties 1:		Volunteer duties 2:	
Volunteer duties 3:		Volunteer duties 4:	

Organization:		Position Title:	
Supervisor:		Contact Number:	
Start Date:		End Date:	
Volunteer duties 1:		Volunteer duties 2:	
Volunteer duties 3:		Volunteer duties 4:	

Student Response Question

Why do you want to participate in Project SEARCH?

References

Please list three professional references (please do **not** list relatives).

Reference Name:		Relationship to Applicant:	
Organization:		Contact Number:	
Address:			

Reference Name:		Relationship to Applicant:	
Organization:		Contact Number:	
Address:			

Reference Name:		Relationship to Applicant:	
Organization:		Contact Number:	
Address:			

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I agree to the release of all pertinent school and medical records to the Project SEARCH Staff and Project SEARCH Screening Committee.

Applicant
Signature: _____ Date: _____

Parent/Guardian
Signature: _____ Date: _____

Project SEARCH Intern Contract

Read the student contract below.

I, _____, understand that I have been accepted into the Penn State Health (PSH) Project SEARCH program and must abide by the following terms and conditions:

- I will complete at least two unpaid job rotations within the Penn State Health Medical Center.
- I will attend the program every day, Monday through Friday.
- I understand that the Project SEARCH program will follow a calendar designed by the Capital Area Intermediate Unit.
- I will call my instructor and departmental supervisors when I am absent or tardy.
- I will follow all the policies and procedures established by PSH Project SEARCH and Penn State Health Medical Center.
- I will dress according to the dress code and uniform requirements of Penn State Health Medical Center and/or the assigned rotation.
- I will attend monthly Employment Planning Meetings with my Project SEARCH Instructor, Project SEARCH Job Coach, OVR counselor, family supports, and others as needed. I will be an active participant and communicate any issues at the meetings.
- I will be responsible for providing necessary items not provided by Penn State Health Project SEARCH to participate in some worksite rotations at Penn State Health Medical Center.
- I understand that the desired outcome for me in Project SEARCH is competitive employment in the community.
- I will actively pursue employment.
- I will receive a PSH Project SEARCH certificate of completion when I complete the program.

I have read the above terms and conditions and agree to accept my placement in the PSH Project SEARCH program. I understand that I may be asked to leave PSH Project SEARCH if I fail to follow the terms and conditions.

Applicant
Signature: _____ Date: _____

Parent/Guardian
Signature: _____ Date: _____

****The student will be asked to sign the Project SEARCH contract after acceptance into the program at the IEP meeting.***