



Project | SEARCH

Applicant Name _____

Intern Application

Date Received (official use only) _____



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

The Selection Process includes the following guidelines:

1. Submit the completed application to:
Lu Merrick
Director of Post High School Programs
The Ivymount School
11614 Seven Locks Road
Rockville, MD 20854
2. The Selection Committee will review the applications, matching the applicant's skill sets and interests, work and/or volunteer experience with the Project SEARCH Program requirements.
3. If accepted, an **in-school (only) applicant's IEP** will be amended for the **PS program year.**
4. Acceptance into the Project SEARCH program is **NOT a guarantee of employment.**
5. If accepted, some sites will require that an intern **be able to pass a criminal background check** and drug screen. The NIH program requires each intern to **provide documentation of a negative TB test** (NIH Program only) taken within 6 months of the program's start date.
6. If accepted, all applicants are **required to attend an Open House in July** at the host business site to learn about the culture, possible rotations and meet the instructor and job coaches. (Specific date to be scheduled)

Please note:

- The Selection Committee will include our Business Partners, representative(s) from SEEC, representatives from The Ivymount School and may also include representatives from: Maryland and District of Columbia Vocational Rehabilitation agencies, Maryland and District of Columbia Developmental Disabilities Administration, Project SEARCH program staff.



PLEASE NOTE

ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SUBMITTED TOGETHER FOR CONSIDERATION

- Completed Application (including all email and phone contact info)
- Current Photo of applicant (very important)
- Copy of High School diploma or certificate of completion (if graduated)
- Current Individual Education Plan (IEP) **ONLY for applicants who are currently in school**
- Current Individual Plan (IP) **ONLY for applicants who are currently in DDA/DDS supports**
- Most Recent Psychological evaluation/report (school or private therapist/counselor)
- Transcript from any other formal training (if applicable)
- Applicant's Work/Volunteer History/resume (including details about specific work tasks)
- Proof of funding (i.e., eligibility letter from DDA; service funding plan for DORS/RSA.
- Copy of state issued photo ID
- Copy of Social Security card
- Copy of Medicaid card
- Copy of Metro ID (if available)

Applications will not be processed unless all required documentation has been provided.

Return completed Packet to:

**Lu Merrick
Director, Post High School Programs
The Ivymount School
11614 Seven Locks Road
Rockville, MD 20854
301-469-0223, ext. 137
lmerrick@ivymount.org**



Application Timeline

- 🌸 **Applications due** by April 1st or as soon as possible
- 🌸 Applicant **Interviews February through May**
(at The Ivymount School)
- 🌸 Selection Committee reviews applications in **April/May**.
- 🌸 **Letters of Acceptance** sent to interns and families in **May/June**, or **as soon as funding information is complete**.
- 🌸 Vocational Rehabilitation Counselors will complete eligibility and develop Individual Plan of Employment - Summer
- 🌸 IEP amendments (if applicable) completed by August
- 🌸 New Interns attend Open House mid-July
- 🌸 Project SEARCH programs begin late August to mid- September

For more information contact:

Lu Merrick,
Director, Post High School Programs
The Ivymount School
301-469-0223, ext. 137
lmerrick@ivymount.org

or

Steve Blanks
Director, Workforce Development
SEEC
301-318-4948
sblanks@seeonline.org



Please complete and return to Lu Merrick (print clearly)

A. Applicant's Personal Data

Name _____
Last First Middle

Address: _____
Street City Zip Code

Applicant's Email _____

Applicant's Phone# _____

Male Female

Date of Birth: _____

Parent/Guardian Name: _____ Parent/Guardian e-mail: _____

Address: _____
Street City Zip Code

Parent/Guardian #1 Home Phone: _____ Cell Phone #1: _____

Work Phone: _____

Parent/Guardian #2 Home Phone: _____ Cell Phone #2: _____

Work Phone: _____

B. Parent/Student Information:

1. Release: The student records concerning my son/daughter will be reviewed by the Project SEARCH Selection Committee (For student applicants)
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: _____

Commitment to Community Employment:

Do you currently have a job? Yes No

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

Do you have a professional working email? Yes No

Email address: _____

Can you be contacted through an answering machine or voice mail? Yes No

Do you have a state photo ID and/or Driver's license? Yes No

If "No" you should obtain one.

Do you willingly follow your school/worksite dress code? Yes No

Do you respond when someone speaks or asks questions? Yes No Sometimes

Do you use an appropriate tone of voice? Yes No Sometimes

Do you use a cell phone appropriately according to school/workplace policy including not talking, answering the phone, texting, listening to music or playing games?

Yes No Sometimes

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

FUTURE EMPLOYMENT PREFERENCES and BACKGROUND:

How do you want to be employed upon completion of Project SEARCH?

Full time Part time

Would you be willing to work holidays and/or weekends?

Yes No

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? _____

List current or past jobs you have had outside of your school program:

Employer	Job Title	Job Duties	Supervisor Name	Contact Number	Paid	Unpaid
		1. 2. 3. 4.			<input type="checkbox"/>	<input type="checkbox"/>
		1. 2. 3. 4.			<input type="checkbox"/>	<input type="checkbox"/>
		1. 2. 3. 4.			<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been fired from a job?

Yes No

If yes, please explain:

Have you ever quit a job?

Yes No

If yes, please explain:

Can you get to school, work or other appointments on time and independently?

Yes No

Do you get back to work/class on time after breaks and lunch? Yes No Sometimes

Are you able to stay on task until the job is finished? Yes No Sometimes

Can you return to a task and finish it if you are interrupted in the middle? Yes No
Sometimes

Are you comfortable asking your boss or co-workers for help when needed? Yes No
Sometimes

What are your strengths? _____

FUNDING & SERVICES AGENCIES: (Complete information needed)

Do you have a Vocational Rehabilitation Counselor? (MD-DORS or DC-RSA) Yes No

Counselor's Name _____ Phone Number: _____

Have you applied to DDA (Maryland residents) for funding? Yes 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 Resource Coordinator _____ Phone Number: _____
 No

Do you have Medical Assistance (Medicaid)?

Yes Medicaid # _____
 No

Do you have SSI or SSDI?

Yes SSN # _____
 No

INDEPENDENT LIVING:

How do you participate in daily living activities? (check box that best states the support you need)

Activity of Life	Independent	With Some Help	Need lot of help	Don't Do
Sets & uses an alarm to wake up				
Makes own Breakfast/lunch				
Washes dishes				
Takes out Trash/recycling				
Walks/Feeds Pets				
Makes bed, Cleans Room				
Vacuums/Sweeps/Mops Rooms				
Washes/Dries Clothes				
Makes grocery lists and shops				
Cooks Dinner (simple meals)				
Cleans dishes after eating				
Writes Checks/Use ATM Card				
Uses Email				
Stays at home unsupervised				
Rides Metro train				
Rides Metro/Ride On Bus				
Safety Skills	Independent	With Some Help	Need lot of help	Don't Do
Understands emergency procedures				
Uses a key to enter/exit house				
Distinguishes between friends & strangers				

Carries ID in public				
Uses Cellphone				
Can make calls for assistance if needed				
Personal Health/Hygiene	Independent	With Some Help	Need lot of help	Don't Do
Showers/baths independently				
Exercises positive grooming behaviors				
Washes and combs/brushes own hair				
Shaves regularly				
Goes to sleep at a reasonable time				
Responsible for own medication				
Eats well balanced diet				
Plans leisure activities				
Ride Metro/Ride On Bus				

Please list any strategies that have been successful and lead to greater independence for you:

- _____
- _____
- _____

Please list 3 employment related computer/technology skills that you perform independently:

- _____
- _____
- _____

MEDICAL/PHYSICAL SUMMARY

Do you take medications regularly?

Yes Please complete table below

No

Medications/ Dosage/ Time of day taken by applicant

Medication	Dosage	Time of day	How does it help?

Do you take your medications **independently** (with no assistance)?

Yes No

List any health or medical issues that may impact a successful job placement:

How long can you be on your feet? _____

Please list any limitations that may impact employment:

What assistive devices do you use? Glasses or contacts Hearing aid(s)
 Walking or mobility aid Assistive Tech device

BEHAVIORAL/PSYCHOLOGICAL/EMOTIONAL SUMMARY:

(Very important to include all current information)

***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

Please Explain:

Who do you spend the most time with? _____

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

Do you have any habits, important routines or personal behaviors that need to be accommodated for you to participate in community activities such as employment? _____

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

When are you the most engaged/interested during the day/week? _____

When are you the most bored during the day/week? _____

What are your weekend routines? _____

List Three References (other than family members):

	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	Relation to Applicant	Phone Number	Date
------	-----------------------	--------------	------

Organization (if applicable)	Phone Number	Email contact
------------------------------	--------------	---------------

Signature

Please carefully read the contract below and sign and date.



Applicant Contract

I, _____, understand that if I am accepted into a Project SEARCH program I must abide by the following terms and conditions:

- I will attend the program every day **arriving on-time**, Monday through Friday.
- I will dress appropriately and wear professional required attire.
- I will **participate in the daily instructional group** and understand that this is an important part of the Project SEARCH program.
- I will complete up to three unpaid job rotations within the host business.
- I will call my instructor and department supervisors when I am absent or tardy.
- I will whenever possible, make up any time missed due to absences.
- I understand that there is no school bus transportation and I am responsible for transportation to the Project SEARCH site.
- I understand that I **will not receive** any related services (Speech Therapy, Occupational Therapy, Physical Therapy or Mental Health Services) as part of the Project SEARCH program.
- I understand that participation in the Project SEARCH program is an opportunity to increase my employment readiness but it is **NOT a guarantee of employment**.
- I will learn to use public transportation when available.
- I will be expected to increase my independence and responsibility at home as well as in the Project SEARCH program. (i.e., taking care of my personal needs, including personal hygiene; making my own lunch, keeping in mind good nutrition; contributing to my home life by doing daily chores as assigned)
- I will follow all the rules established by the program and host business.
- I understand that there is a zero tolerance policy for any aggressive, threatening behavior
- I will attend regular update meetings with my job coach, parents, teacher, and business staff.
- I will be an active participant and communicate any issues at my update meetings.
- Upon completion of the program, I will receive a Certificate of Completion.
- **I will actively pursue employment.**

I have read the above terms and conditions and agree if accepted to abide by them. I fully understand that I may be asked to leave the Project SEARCH program if I fail to follow these terms and conditions.

Applicant Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Agreement

I, _____, understand that if my son/daughter is accepted into a Project SEARCH program I agree to abide by the following terms and conditions:

- I will attend the Intern Update meetings for my son/daughter as scheduled each rotation.
- I will be an active participant and communicate any successes/concerns with the team.
- I will be an active participant in the Family Involvement program as set forth by the parents each program year.
- I will be supportive in helping my son/daughter reach his/her career goals.
- I will be supportive of my son/daughter in learning how to use public transportation.
- I will collaborate with the Project SEARCH team and address any issues and concerns regarding my son/daughter's progress in the program by also working on them at home.
- I will attend any additional meetings that may need to take place to address any disciplinary issues involving my son/daughter.
- I understand that my son/daughter may be sent home if they do not meet the professional standards of appearance concerning dress code and hygiene.
- I understand that my son/daughter **will not receive** any related services (Speech Therapy, Occupational Therapy, Physical Therapy or Mental Health Services) as part of the Project SEARCH program.
- I understand that my son/daughter's participation in the Project SEARCH program is an opportunity to increase their employment readiness and it is **NOT a guarantee of employment.**
- I understand that my son/daughter may be asked to leave the program if it is decided that they are no longer a fit for the program or they fail to follow the terms and conditions outlined in the Applicant Agreement and/or the rules and regulations established by the host business.
- I will support the Project SEARCH team in their expectation that my son/daughter follow all of the rules established by the program and host business.
- I understand that there is a zero tolerance policy for any aggressive, threatening behavior
- **I will support my son/daughter's decision to work in paid employment following completion of the program.**

I have read the above terms and conditions and agree to support my son/daughter in the ways mentioned above if they are accepted to participate in a Project SEARCH program.

Parent/Guardian Signature

Date