

Project SEARCH

Candidate Application
2017-2018



Candidate Name: _____

Address: _____

Phone: _____

Email Address: _____

District: _____

www.projectsearch.us

www.yaleprojectsearch.org

Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate. This application enables the Selection Committee to properly assess each student candidate's interests, skills, abilities and background. The Selection Committee includes representatives from Y.A.L.E. School and Kennedy Health as well as state and local representatives from the NJ Division of Vocational Rehabilitation, the NJ Division of Developmental Disabilities, the Jewish Children and Family Services as community rehabilitation partner and Rutgers Center for Advanced Infrastructure and Transportation.

When an application is submitted, the 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 a Project SEARCH program and reach the outcome of competitive employment.

Selection Process includes the following guidelines:

1. All students and parents are encouraged to attend a Family Information Session to learn about the program and the admission process on January 12, 2017.
2. Submission of the completed application to Y.A.L.E. School by Wednesday, February 15, 2017.
3. Selection Committee will review the applications, and if accepted, match the student skill set and interests with the appropriate Project SEARCH opportunity.
4. If accepted, an Individual Education Plan (IEP) following the Project SEARCH model will be developed with the student's full IEP team for the 2017-2018 school year
5. If accepted, students must pass a criminal background check and drug screen.

Order of selection will be:

1. *Oldest* students (18 – 21 age range) with priority given those approaching their 21st birthday
2. Students who have finished their necessary credits for graduation
3. Students who will benefit from participation in a variety of internships
4. Students who are interested in using public transportation to access work and the local community
5. Students who desire to gain competitive employment at the end of the Project SEARCH program

F. Project SEARCH Intern Guidelines:

- Complete three unpaid job rotations within Kennedy Health.
- Attend the program every day for 7 hours per day (e.g. 8 a.m – 3 p.m.), Monday through Friday.
- Understand that the Project SEARCH program correlates with Y.A.L.E. School's calendar.
- Call Project SEARCH instructor and departmental supervisors when absent or tardy.
- Make up any time missed due to excused absences.
- Provide own transportation to Kennedy Health (school buses will not provide transportation).
- Learn to use public transportation.
- Follow all the policies and procedures established by the program and Kennedy Health.
- Dress according to the dress code and uniform requirements of Kennedy Health and/or the specific rotation.
- Attend monthly Employment Planning Meetings with my PS Instructor, PS Job Coach, VR counselor, Support Coordinator and family supports. Be an active participant and communicate any issues at the meetings which will be held at least twice during each rotation.
- Work with personal and community supports to obtain the supplies from the supply list for a site. (List is distributed at the Kennedy Health Orientation)
- Understand that the desired outcome for Project SEARCH is full/part-time paid employment in the community.
- Actively pursue employment.

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

Project SEARCH Application Packet Checklist

PLEASE NOTE

ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR AN APPLICATION TO BE CONSIDERED. IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE SPEAK WITH YOUR TEACHER OR COUNSELOR.

- Completed Application Packet
- Color Photo (Wallet Size)
- Current Individual Education Plan (IEP) including Transition Goals
- High School Transcript
- Attendance Record
- Career Assessment –most recent vocational evaluation or career interest survey

Return completed Packet to:

Y.A.L.E. School:

Attention - Karen Huber, Admissions Coordinator

2127 Church Road
Cherry Hill, NJ 08002

(828) 482-5252

Recruitment Timeline for the 2017-2018 Program Year

- ✦ **January 12, 2017** - Family information session
- ✦ **February 15, 2017**- Completed Applications due
- ✦ **March 17, 2017** – Assessment & Interview Day
- ✦ **April 1, 2017** - Acceptance letters mailed
- ✦ **May 2017**- Division of Vocational Rehabilitation Services (DVRS) & Division of Developmental Disabilities (DDD) Counselors open eligible cases.
- ✦ **May 2017** – Annual review meetings held. IEP’s written with affiliated school and Project SEARCH team members.
- ✦ **June 2017**- New Interns and families attend Welcome & Orientation Day Event
- ✦ **August 2017** – Kennedy Health Orientation
- ✦ **September 2017**- Program Begins and follows Y.A.L.E. School Calendar

APPLICATION FOR ADMISSION

A. APPLICANT PERSONAL INFORMATION:

Name: _____
Last First Middle

Address: _____
Street City Zip Code

E-mail: _____

Cell/Home Phone: _____

School District of Residence: _____

Date of Birth: _____ Male Female





Telephone (856) 482-5252

Fax (856) 779-7721

www.yaleschool.com

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B. PARENT/GUARDIAN PERSONAL INFORMATION

Name: _____

Address: _____
Street City Zip Code

E-mail: _____

Cell/Home Phone: _____

Work Phone: _____



C. STUDENT/PARENT INFORMATION:

1. Acceptance into the Project SEARCH Program is dependent upon Selection Committee review.
2. Release: The student records (school, APD, VR) concerning my son/daughter may be transferred to Y.A.L.E. School for review by the Project SEARCH program staff and Selection Committee Team Members.
3. Equal Opportunity: Career placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

C. STUDENT WORK HISTORY

List jobs you do or have done in school or in the community. List most recent first:

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Have you ever been fired, laid off or asked to resign from a job?

Yes No

If yes, please explain: _____

Have you ever quit a job?

Yes No

If yes, please explain: _____

D. TRANSPORTATION:

Check all boxes that apply.

1. How do you plan to get to Project SEARCH?

Self Public Transportation Family Other

2. Have you used Public Transportation?

Yes Accompanied by adult No

3. Have you used private transportation (cab, Uber, etc.)

Yes Accompanied by adult No

4. Do you have a driver's permit?

Yes Currently pursuing No

5. Do you have a driver's license?

Yes No

E. SERVICE AGENCIES:

Do you have a Vocational Rehabilitation Counselor through the Department of Vocational Rehabilitation Services?

- Yes Name: _____ Phone Number: _____
- No
- In process Comments: _____

Are you eligible for services from the Division of Developmental Disabilities?

- Yes Name: _____ Phone Number: _____
- No
- In process Comments: _____

F. INDEPENDENT LIVING:

Medications taken by student:

Medication	Dosage	Time of day

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

2. Please list any other challenges or limitations that impact your ability to keep a job.

3. Please explain challenges, limitations or accommodations needed:

G. STUDENT RESPONSE QUESTION:

1. Why do you want to come to Project SEARCH? *(Complete in your own words or have someone write your thoughts for you, using your own words)*

2. What are your hopes and dreams for employment?

3. What do you see as your strengths?

4. What type of work environment do you feel will be most suitable for you?

H. REFERENCES:

List Three Non-Family References (People who have first-hand knowledge of your work performance):

	Name	Title	Phone Number	Email Address
1.				
2.				
3.				

I. PREPARER:

If this application has been completed by someone other than the student, please provide the following information and sign:

Name	Title	Phone Number	Date
Signature			

Project SEARCH Student Self Preparation Assessment

Dear Project SEARCH Applicant:

Please fill out this checklist. If you need help, please ask your teacher or a parent. Fill out each section with the best information about yourself and your skills that will help us learn more about you. If someone else helps you, ask them to write down the answers in your own words. **The Project SEARCH Staff**

J. School Status

Check all boxes that apply.

- I have all my credits for graduation
- I still need the following classes in order to graduate (Please fill out the classes still needed for graduation)
 - _____
 - _____
 - _____
- I still have one or more years of school eligibility
- My school eligibility continues through:
 - The day I turn 22
 - The school year in which I turn 22

K. Commitment to Community Employment

Check all boxes that apply.

- I want to get a job
- My family supports my goal of competitive community employment
- I have an original Social Security Card
- I have a State ID or a Driver license as a picture ID
- I can pass a pre-employment drug screen
- I can pass a criminal background check
- I can be contacted through an answering machine or voice mail which has a business like greeting
- I have a businesslike email address that I check at least weekly
- I receive SSI and/or SSDI or other forms of public assistance
- I have had a benefits analysis and/or I understand the impact of earned income on the benefit

L. Attendance

Check the box that applies.

- have had no absences or tardies within the past school year
- I have had 1 – 5 absences or tardies within the past school year
- I have had 5 – 10 absences or tardies within the past school year
- I have had 10 or more absences or tardies within the past school year
- I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visits (more than 20 days)
- If yes to 10 or more days:
 Reasons why I have missed so much school: _____

M. Independent Daily Living and Self Care Skills

Circle the number that most closely matches your competency.

I am independent in daily living and self-care skills.
 On a scale of 1 – 5 (1 being not very good/competent and 5 being very good/competent)
 How competent are you in each of these areas:

	<u>(-) Not Very Good/Competent</u>			<u>(+) Very Good/Competent</u>	
Cooking and nutrition	1	2	3	4	5
Budgeting	1	2	3	4	5
Handling Money/making change	1	2	3	4	5
Taking Medication	1	2	3	4	5
Toileting	1	2	3	4	5
Daily Shower/Bath	1	2	3	4	5
Appropriate amount of sleep for school and work schedule	1	2	3	4	5

Circle the number that most closely matches your competency.

I need help with the following (from a parent/teacher/guardian/care taker)

	<u>(-) I need a lot of help</u>		<u>(+) I don't need much help</u>		
Cooking and nutrition	1	2	3	4	5
Budgeting	1	2	3	4	5
Handling Money/making change	1	2	3	4	5
Taking Medication	1	2	3	4	5
Toileting	1	2	3	4	5
Daily Shower/Bath	1	2	3	4	5
Appropriate amount of sleep for school and work schedule	1	2	3	4	5

N. Appearance and Professional Presentation

Check all boxes that apply.

- I arrive at school and/or work daily with:
 - Clean and combed hair
 - Clean clothing and underwear
 - Brushed teeth/oral hygiene
 - Clean clothes
- I wear appropriate clothing for the weather.
- I follow my school dress code.
- I am willing to follow the designated dress code of my employer including rules on:
 - Appropriate clothing
 - Shoes
 - Facial hair
 - Facial and body piercings
 - Tattoos
 - Jewelry
 - Fingernail polish and length

O. Transportation

Check all boxes that apply.

- I have reliable transportation to get to work.
- I have my own car, driver license and insurance.
- I know how to use public transportation.
- I'm willing to learn to use public transportation.
- I use a door-to-door or para-transit system independently and can make my own appointments.
- I use a door-to-door or para-transit system and a family member/other person helps to make the appointments.
- I have a family member/other who is willing to provide on-going transportation.
- I am eligible for transportation assistance.
- Other transportation options _____

P. Appropriate Social and Behavior Skills

Check all boxes that apply.

- I do not engage in flirting, inappropriate touching or public displays of affection such as holding hands, hugging, or kissing.
- I do not swear or use profanity in a school or work setting.
- I show respect to my peers and adults.
- I work cooperatively with others.
- I accept correction and criticism without a negative reaction.
- I have lost my temper in a school or work environment.
- I have displayed aggressive behavior in a school or work setting.
 - Screaming or yelling
 - Hitting/Punching
 - Spitting
 - Kicking
 - Fighting

Q. Interpersonal Communication

Check all boxes that apply.

- I respond when someone speaks or asks questions.
- I make eye contact.
- I use an appropriate tone of voice.
- I engage in appropriate conversation in a school or work environment.
- I use appropriate body language in the school or work environment.
 - No inappropriate hand gestures
 - Sitting appropriately in a chair / posture
 - Respecting personal space
- I use a cell phone and electronic equipment (IPOD, Walkman, Bluetooth, etc.) appropriately according to the school or business policy including refraining from talking and answering the phone, texting and listening to music.

R. Verbal Communication

Check all boxes that apply.

- I am easily understood by others.
- I sometimes have trouble getting my message across to others.
- I use adaptive equipment to communicate.
- I am willing to learn to use adaptive equipment to communicate if appropriate.
- I use an interpreter and/or use sign language to communicate.
- I talk about the same topics over and over again.

S. Recreational Activities

Check all boxes that apply.

I participate in organized group activities:

- Sports _____
- Band
- Choir
- Theatre
- Scouts
- Church youth group
- Community recreation and/or Special Olympics
- Computer or electronic games
- Other

I like to exercise on my own (walking, running, biking, etc.)

I exercise _____ each week for at least thirty minutes each time.

I like sit-down activities such as:

Check all boxes that apply.

- Computer or electronic games
- Watching television
- Reading
- Scrap booking
- Other

I have the following hobbies: _____

T. Physical Limitations:

Check all boxes that apply.

- I have difficulty walking
- I need to use the following to help me walk/navigate:
 - Cane
 - Walker
 - Wheelchair
 - Scooter
 - Other
- I have limited use of my arms and/or hands

I have other physical limitation that may affect employment: Please list:

U. Production Rate and Work Quality

Check all boxes that apply.

- At work or at school, I get all my tasks finished on time and I turn things in by the due date.
- At work or at school, it is difficult to get all my tasks finished or turned in by the due date.
- At school or work I get most of the tasks correct.
- At school, on chores or on my job my work is organized and neat .

V. Employability Skills

Check all boxes that apply.

- I get to school, work or other appointments on time and independently.
- After lunch or a break, I get back to class or work on time.
- I know how to tell and keep track of time.
- I stay on a task until it is finished.
- If I am interrupted, I can return to the task and finish it.
- I can access the necessary information to fill out a paper application
- I can have experience in filling out an on-line application.
- I know how to answer common interview questions.
- I can tell my boss or co-workers ways that I learn best or tools that help me be a good worker.
- Please list ways that help you learn best or tools you use to be successful at school or on the job:

W. Prior Work Experience

Check all boxes that apply.

- I have had a paying job(s) in my community. The places I worked were/are:

- I have worked at my school doing: _____
- I have volunteered at: _____
- I do the following chores at home on a regular basis: _____
- I have never worked or volunteered.
- I have attached my resume. (Please attach a resume if you have one.)

X. Academic Skills

Check all boxes that apply.

- My favorite subjects in high school were/are: _____
- I like to read books for pleasure. The last book I read was: _____
- I use a calculator when I do math problems or for everyday use.
- I like to read the newspaper and magazines for news, job hunting and other information.
- I like to write or keep a diary/journal .

Y. Computer/Electronic Skills

Check all boxes that apply.

- I have basic keyboarding skills and use correct typing techniques.
- I have basic keyboarding skills and use only two fingers (hunt and peck).
- I can use Microsoft Word to create letters and other documents.
- I can use Microsoft Excel to create spreadsheets and other documents.
- I can use Microsoft Publisher to create cards, newsletters, flyers and other documents.
- I can use email correctly.
- I can access the internet to get information, find services such as map quest and use various search engines.
- I use a computer to play games, watch TV shows, listen to on-line streaming, etc.
- I have no computer skills.
- I use a cell phone to talk to others.
- I use a cell phone for texting.

Z. School and Community Supports

Check all boxes that apply.

I receive Related Services through my school district

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Other
-

Note: Related Services are only available on a consult basis once the student is enrolled in a Project SEARCH program

- I have a DVRS Counselor. Name of counselor: _____
- I am eligible for SSI Benefits
- Please list name of Case Manager/Services Facilitator: _____
- Who else helps to support me in my life?

Please list other names and phone numbers below

Name	Title	Phone Number



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