

# PROJECT SEARCH APPLICATION: ADULT MODEL



UnityPoint Health  
St. Luke's Hospital



Iowa  
Vocational  
Rehabilitation  
Services

*Finding solutions. Generating success.*

NAME: \_\_\_\_\_

**APPLICATIONS DUE: APRIL 21, 2023**

## **Purpose**

The purpose of this application packet is to outline the skill set of the Project SEARCH Intern Candidate. This application enables the Selection Committee, consisting of the Project SEARCH Skills Instructor, Supported Employment staff from The Arc of East Central Iowa, Iowa Vocational Rehabilitation Services staff, and UnityPoint-St. Luke's Hospital's liaison to Project SEARCH, to properly assess each Intern Candidate's skills, abilities and background. The references that are included on the application will be contacted to gather additional information. Our final goal is to select Intern Candidates who will be successful in our Project SEARCH program and reach the outcome of competitive employment.

## **Selection Process Guidelines**

1. Submit the completed application by **Friday, April 21, 2023** to:

**Stephanie Beary**  
**Project SEARCH Skills Instructor**  
**The Arc of East Central Iowa**  
**680 Second Street SE**  
**Cedar Rapids, Iowa 52401**  
**(319) 721-6245**  
[sbeary@arceci.org](mailto:sbeary@arceci.org)

2. Completing this application does not guarantee placement.
3. The Selection Committee will only accept fully completed applications. Any incomplete applications will be disregarded, and the Intern Candidate will not be accepted.
4. The Selection Committee will schedule interviews in May with the Intern Candidate. All individuals who are interviewed will be notified by the end of May if they were accepted or not accepted into the program.
5. If accepted, each Intern Candidate must be able to pass a criminal background check and drug screen.

## **Criteria for Program Participation**

### **Intern candidate must:**

- Be 18-30 years of age.
- Have a high school diploma or GED.
- Have an ID (Intellectual Disability) or DD (Developmental Disability) diagnosis.
- Qualify for Vocational Rehabilitation funding.
- Have independent personal hygiene and grooming skills.
- Have independent daily living skills.
- Maintain appropriate behavior and social skills in the workplace without immediate supervision.
- Take direction from supervisors.
- Be able to communicate effectively (may be other than verbal).
- Have interest working in a healthcare setting and/or the community.
- Be willing to explore transportation options and train for independent travel if necessary.
- Be up-to-date on immunizations, and be willing to comply with health screening requirements of host business.
- Have a desire and a goal to work competitively in the community at the conclusion of the Project SEARCH program.

## Application for Admission

### Information for Intern Candidate and Parent/Guardian:

Equal Opportunity: Project SEARCH acceptance will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

#### PERSONAL INFORMATION:

Applicant Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Title XIX: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

What is your disability? \_\_\_\_\_

Are you your own guardian? Yes \_\_\_ No \_\_\_

If the answer is no, who is your legal guardian? \_\_\_\_\_

#### ADDITIONAL INFORMATION:

Have you graduated from high school? Yes \_\_\_ No \_\_\_

If no, when will you complete high school? \_\_\_\_\_

If yes, what month/year did you graduate high school? \_\_\_\_\_

What high school did you attend? \_\_\_\_\_

If you are out of high school, what are you currently doing? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Project SEARCH? \_\_\_\_\_

**Parent/Caregiver Information 1:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Method of Contact:  Home Phone  Cell Phone  Email

**Parent/Caregiver Information 2:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Method of Contact:  Home Phone  Cell Phone  Email

**Guardian information if applicable and different from information above:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Method of Contact:  Home Phone  Cell Phone  Email

## References – list three (3):

1.	Name:	Type of reference (school or agency):
	Phone Number:	Email:
	Best time of day to contact:	
2.	Name:	Type of reference (work or community):
	Phone Number:	Email:
	Best time of day to contact:	
3.	Name:	Type of reference (work or community):
	Phone Number:	Email:
	Best time of day to contact:	

**Future Employment Preferences and Background:**

1. What is your career of interest—what kinds of work are you interested in doing?

2. How do you want to be employed in the community upon the completion of Project SEARCH?

Full-time       Part-time

3. Do you plan to work during the program year, in addition to being in the Project SEARCH program?  Yes       No

If yes, where? \_\_\_\_\_

How many days/hours per week? \_\_\_\_\_

\_\_\_\_\_

4. Have you ever been fired from a job, let go from a job and/or asked to resign from a job?       Yes       No

If yes, please explain:

5. Have you ever quit a job?       Yes       No

If yes, please explain:

6. List current job and/or any jobs you have done in school or in the community (paid/volunteer):

Employer	Job Duties: 1. 2.	Supervisor Name:
Job Title:	3. 4.	Contact Number:
Dates there: from _____ to _____	Was the position: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	How many days/hours per week?
Employer	Job Duties: 1.	Supervisor Name:
Job Title:	2. 3. 4.	Contact Number:
Dates there: from _____ to _____	Was the position: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	How many days/hours per week?
Employer	Job Duties: 1.	Supervisor Name:
Job Title:	2. 3. 4.	Contact Number:
Dates there: from _____ to _____	Was the position: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	How many days/hours per week?
Employer	Job Duties: 1.	Supervisor Name:
Job Title:	2. 3. 4.	Contact Number:
Dates there: from _____ to _____	Was the position: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	How many days/hours per week?
Employer	Job Duties: 1.	Supervisor Name:
Job Title:	2. 3. 4.	Contact Number:
Dates there: from _____ to _____	Was the position: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	How many days/hours per week?



**Service Agencies:**

1. Do you have a Case Manager? \_\_\_\_ Yes \_\_\_\_ No

If yes, complete the information below:

Case Manager: \_\_\_\_\_

Agency/MCO: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Are you working with Vocational Rehabilitation? \_\_\_\_ Yes \_\_\_\_ No

If yes, who is your counselor? \_\_\_\_\_

3. Do you receive support from other agencies (i.e. Day Hab, Respite, SCL, etc.)?  
\_\_\_\_ Yes \_\_\_\_ No

If yes, complete the information below:

Agency: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Agency staff: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Agency staff: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Do you receive Medicaid (Title 19) services? \_\_\_\_ Yes \_\_\_\_ No

5. Do you receive SSI? \_\_\_\_ Yes \_\_\_\_ No

**Intern Candidate Response Questions:**

**Please check areas below that are challenges/barriers for you. For anything checked please explain (parent/caregiver or school staff may assist you in completing this section):**

<input type="checkbox"/> Attendance (tardiness, absences)	<input type="checkbox"/> Reading/Handwriting
<input type="checkbox"/> Staying on task	<input type="checkbox"/> Speech/language
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Emotional Outbursts
<input type="checkbox"/> Mobility	<input type="checkbox"/> Ability to work with others
<input type="checkbox"/> Work stamina (stand, walk, etc.)	<input type="checkbox"/> Decision making
<input type="checkbox"/> Self Care	<input type="checkbox"/> Adjusting to new situations
<input type="checkbox"/> Taking medication	<input type="checkbox"/> Mental Health (depression, anxiety)
<input type="checkbox"/> Self-direction	<input type="checkbox"/> Theft
<input type="checkbox"/> Money	<input type="checkbox"/> Hygiene and grooming
<input type="checkbox"/> Easily frustrated:	<input type="checkbox"/> Other (Please note):

### **Intern Candidate Response Questions continued:**

Why do you want to participate in Project SEARCH? (Complete in your own words; if someone is assisting you, have them write your response in your own words).

Please see the Project SEARCH schedule below. Are you able to participate in this schedule on a daily basis (Monday-Friday)?

Yes    No   If no, please explain:

<b>Project SEARCH Daily Schedule</b>	8:30 AM – 9:20 AM	Classroom instruction at the business site
	9:30 AM – 2:00 PM	Internship (half hour lunch during this time)
	2:00 PM – 2:30 PM	Reflection and recap of internships in classroom

### **Transportation**

1.  I have reliable transportation to get to work.
2.  I have my own car, driver's license and insurance.
3.  I know how to use public transportation.
4.  I'm willing to learn to use public transportation.
5.  I use a door-to-door transportation system independently and can make my own appointments.
6.  I use a door-to-door transportation system and a family member/other person helps to make the appointments.

**Strengths and areas of need:**

Please describe what you feel are your strengths (i.e. what things are you particularly good at doing).

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

What are your hobbies or interests?

**Comments/Additional Information:**

Please share with us any additional information about yourself that you would like us to know.

Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable and different from parent)

**Thank you for your time and effort in completing this application.**