

Applicant Information

Date Submitted: _____ School District: _____

Student Name: _____

Address: _____

Phone: _____ Email: _____

Local District CST Case Manager: _____ Phone: _____

Bergen County's Project SEARCH High School Transition Program Intern Application Packet 2019-2020



Project | SEARCH®

*Great things happen when a partnership exists for the benefit of others.
Project SEARCH in Bergen County is driven by a collaboration with the following community partners:*

Hackensack University Medical Center, Holy Name Medical Center, County of Bergen, Bergen County Workforce Development Board, Bergen County Special Services, Division of Developmental Disabilities, The Arc of Bergen & Passaic, North Jersey Friendship House, and New Jersey Division of Vocational Rehabilitation Services



Application Purpose

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

Application Guidelines:

1. All students in conjunction with their parent(s)/guardian(s) are to complete this packet of information to be considered for participation in the Bergen County 2019-2020 Project SEARCH program. See application checklist on PAGE 3.
2. Return completed Packet by **Friday, April 12, 2019** to:

Bergen County Special Services School District
Attn: Tara Bohan, BCSS Director of Instruction
540 Farview Ave.
Paramus, NJ 07652

3. The Advisory Committee will review the applications, schedule interviews and if accepted, match the student skill set and interests with the appropriate Bergen County Project SEARCH Program.
4. 16-24 students will be accepted into the Bergen County 2019-2020 Project SEARCH program. A phone call and an acceptance letter will be sent to the newly selected interns. A letter will be sent informing all other applicants of the decision.
5. Upon selection, the interns and parent(s)/guardian(s) will be asked to attend an Orientation in July. The purpose of the meeting is to answer questions and ensure all additional paperwork is completed before the Project SEARCH program begins in September 2019.
6. Individualized Education Plan (IEP) will be developed with the IEP team for the 2019-2020 school year by June 2019.
7. If accepted, students must pass a criminal background check and drug screen.

* The Project SEARCH Advisory Committee may include the Project SEARCH Business Liaison and host business administrators, Special Education staff and administrators, Division of Vocational Rehabilitation (DVR) Supervisors and Vocational Rehabilitation Counselors, and representatives from the Division of Developmental Disabilities (DDD).

Participant Selection Criteria:

The fundamental goal of the Bergen County (BC) Project SEARCH Program is to help direct interns on their journey toward independence. A prospective intern must:

1. Have a strong desire and commitment to work competitively at the end of the BC Project SEARCH Program.
2. Have significant barriers to competitive employment.
 - This program serves individuals with a range of abilities. Selection is not based on an education label or diagnosis. Rather, the selection committee endeavors to develop a cohort that is diverse in its abilities and will succeed in the program.
3. Be in their last year of school.
4. Be able to communicate effectively (may be other than verbal) and take direction from supervisors.
5. Be able to maintain appropriate behavior, social skills, good grooming, and personal hygiene in the workplace without immediate supervision.
 - Interns are supported in their rotations by an instructor and two job coaches. However, the expectation is that support fades as interns gain skills and confidence within a rotation. **A student requiring one-on-one support would not be a candidate for this program.**
6. Be willing to utilize (and train for, if necessary) public transportation to access BC Project SEARCH and competitive employment.

Please Note: Our primary goal is to select students who will be successful in the BC Project SEARCH Program and reach the outcome of competitive employment.

Project SEARCH Application Packet Checklist

PLEASE NOTE

All the required documents must be completed and sent together for application to be considered. If you need assistance compiling this information, please contact your school district staff. This is a team process. For any questions that your school district is unable to answer, please contact the Bergen County Project SEARCH team at (201) 343-8830 or bcps@bergenworkforce.org.

Individuals receive services from different agencies. Where division of developmental disabilities (DDD) is referenced, the applicant may substitute any other agency, if applicable.

- Completed Application
- Color Photo (Wallet Size)
- Two (2) letters of recommendations or work performance evaluations (teacher, principal, employer, guidance counselor, etc.)
- Current Individual Education Plan (IEP) including Transition Goals.
- Current Evaluation Reports
*Include Most Recent Math and Reading Scores/Grade Levels and IQ Scores.
- High School Transcript with Attendance Record
- Up to date copy of Immunization Record
- Sign the attached Release Forms at the end of the application packet for your school district, Division of Vocational Rehabilitation (DVR) and the Division of Developmental Disabilities (DDD)

The following information is to be completed by applicant, parents/guardians, and/or teachers collaboratively:

PERSONAL DATA

Applicant Name: _____
Last First Middle

Address: _____
Street City ZIP Code

District Residence: _____

School Attending: _____

Date of Birth: _____ Male Female

Home Phone: _____ Cell Phone: _____

Email Address: _____

Applicant Lives With: _____ Relationship: _____

Social Security Number: _____

What is your primary language? English Sign Language
 Spanish Other: _____

Student /Parent Information

- 1. Acceptance into the Bergen County Project SEARCH program is dependent upon Advisory Committee review.
- 2. The student's records (school, DVR, DDD, DDS) may be released for review by the Project SEARCH program staff and Advisory Committee.
- 3. Equal Opportunity: Internship placement will be made without regard to race, color, national origin, sex, age, religion, or presence of a disability via the attached release forms.

Student Signature Date

Parent/Guardian Signature Date

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____
Street
City
ZIP Code

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Place of Employment: _____

Work Address: _____
Street
City
ZIP Code

Work Phone: _____

Preferred Contact Time & Method: _____

Student Guardianship (Please check one): Parent has guardianship
 Student is his/her own guardian

Employment Background

The goal is for every intern to become competitively employed during or upon graduation of Project SEARCH. Do you want to work: FULL TIME PART TIME EITHER

Which shift would you prefer working after graduating from Project SEARCH High School Transition Program? Check all that apply: 1ST Shift (Day) 2nd Shift (Evening) 3rd Shift (Overnight)

Are you willing to work: Weekends Evenings Both

Do you plan to work during the school year, in addition to being in the Project SEARCH High School Transition Program? Yes No

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

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

Employer:	Job Duties	Job Coach on Site	Paid	Unpaid
Start Date:	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End Date:	2.			
Title:	3.			
Supervisor Name/Contact:				

Employer:	Job Duties	Job Coach on Site	Paid	Unpaid
Start Date:	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End Date:	2.			
Title:	3.			
Supervisor Name/Contact:				

Employer:	Job Duties	Job Coach on Site	Paid	Unpaid
Start Date:	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End Date:	2.			
Title:	3.			
Supervisor Name/Contact:				

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:

Transportation

The primary purpose of the BC Project SEARCH Program is to provide students the opportunity for solid career exploration while developing skills essential to obtaining competitive employment and achieving success. As such, this transition program encourages students to work towards independence, and that translates to feeling confident in managing transportation to and from work independently.

Transportation for this program is not provided by BC Project SEARCH. When a student is offered and accepts a placement in BC Project SEARCH, it is critical that the team revise the student’s IEP, explore transportation options and, if necessary, identify and access travel training resources.

Please check all that apply:

- I’m willing to learn to use public transportation.

- I am eligible for or am willing to apply for Access Link (NJ Para Transit Service)

- Other transportation options: _____

Service Agencies

Do you have a Division of Vocational Rehabilitation (DVR) Counselor?

If yes,

No Yes Name: _____ Phone: _____

Do you have a Division of Developmental Disabilities (DDD) Case Manager?

If yes,

No Yes Name: _____ Phone: _____

If no, do you plan on applying to DDD? Yes No

Do you have Medicaid? Yes No

Do you have other Service Providers (i.e. residential, therapist, etc.)?

If yes,

No Yes Name: _____ Phone: _____

INDEPENDENT LIVING

Please list all medications taken by the student, including the dosage and time of day.

Medication(s)	Dosage	Time of day

What is your disability?

How may your disability affect job performance (behavior, sensory, communication, academic level, etc.)?

Adaptations/accommodations that you may need at work:

Please list any medical concerns (asthma, seizures, allergies, etc.):

STUDENT RESPONSE QUESTION

(Student should complete in own words. However, reasonable accommodations are acceptable)

Why do you want to participate in the BC Project SEARCH High School Transition Program?

Please check all possible rotations you may be interested in experiencing:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Bed Making | <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Linen Assistant | <input type="checkbox"/> Therapy and Recreation |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Hospitality Aide | <input type="checkbox"/> Mail Room | <input type="checkbox"/> Resident Transport |
| <input type="checkbox"/> Custodial | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Nursing Attendant | |
| <input type="checkbox"/> File Clerk | <input type="checkbox"/> Laundry Assistant | <input type="checkbox"/> Therapy Aide | |

List Three References (Non-Related):

	Name/Relationship	Phone Number	Email Address
1.			
2.			
3.			

This application has been completed by:

Local District CST Case Manager	Title	Date
CST Case Manager Signature		
Student Signature	Date	
Parent Signature	Date	

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize (Applicant's School District) _____ to release/obtain
(Name of School District)

information from the records of _____
(Student's Name) (Date of Birth)

for the purpose of BC Project SEARCH High School Transition Program.

The information to be released is:

- | | |
|--|---|
| <input type="checkbox"/> Comprehensive Evaluation Report | <input type="checkbox"/> Diagnostic Summary |
| <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Individual Education Plan | <input type="checkbox"/> Developmental History |
| <input type="checkbox"/> Academic Evaluation | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Discharge/Aftercare Plan |
| <input type="checkbox"/> Biopsychosocial History | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Exchange of Verbal Information | |

Other information as deemed appropriate, please list:

High School Transcript with Attendance and Transition Formal and/or Informal Assessments

This consent will be in effect from _____ until _____.
(Not to exceed 1 year)

I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unit, except to the extent that action has been taken in reliance thereon. This form has been fully explained to me and I understand its content.

Parent/Guardian Signature

Date

CST Case Manager Signature

Please forward information to the attention of: Tara Bohan, Director of Instruction
Bergen County Special Services
540 Farview Ave
Paramus NJ 07652
Phone: 201 343-6000 X 4079

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize **Division of Vocational Rehabilitation (DVR)** to release/obtain

information from the records of _____
(Student's Name) (Date of Birth)

for the purpose of Project SEARCH High School Transition Program.

The information to be released is:

- | | |
|--|---|
| <input type="checkbox"/> Comprehensive Evaluation Report | <input type="checkbox"/> Diagnostic Summary |
| <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Individual Education Plan | <input type="checkbox"/> Developmental History |
| <input type="checkbox"/> Academic Evaluation | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Discharge/Aftercare Plan |
| <input type="checkbox"/> Biopsychosocial History | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Exchange of Verbal Information | <input type="checkbox"/> Progress Reports (past and current) |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> Other information as deemed appropriate,
please list: |

To provide your contact information and to discuss vocational planning.

This consent will be in effect from _____ until _____.
(Not to exceed 1 year)

I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unit, except to the extent that action has been taken in reliance thereon. This form has been fully explained to me and I understand its content.

Parent/Guardian Signature

Date

CST Case Manager Signature

Please forward information to the attention of: Rafal Kabat
Division of Vocational Rehabilitation (DVR)
60 State St.
Hackensack, NJ 07601

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize **Division Developmental Disabilities (DDD)** to release/obtain

information from the records of _____
(Student's Name) (Date of Birth)

for the purpose of Project SEARCH High School Transition Program.

The information to be released is:

- | | |
|--|---|
| <input type="checkbox"/> Comprehensive Evaluation Report | <input type="checkbox"/> Diagnostic Summary |
| <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Individual Education Plan | <input type="checkbox"/> Developmental History |
| <input type="checkbox"/> Academic Evaluation | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Discharge/Aftercare Plan |
| <input type="checkbox"/> Biopsychosocial History | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Exchange of Verbal Information | |
| <input type="checkbox"/> Other information as deemed appropriate, please list: | |

To provide your contact information and to discuss coordination of Services.

This consent will be in effect from _____ until _____.
(Not to exceed 1 year)

I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unit, except to the extent that action has been taken in reliance thereon. This form has been fully explained to me and I understand its content.

Parent/Guardian Signature

Date

CST Case Manager Signature

Please forward information to the attention of:

Ms. Kaitlyn Guzman
Division of Developmental Disabilities (DDD)
100 Hamilton Plaza, 7th Floor
Paterson, New Jersey 07505