Project | SEARCH

at Vanderbilt University Medical Center

Project SEARCH
Intern Application

Name: _____

Attach recent photo of candidate here:

Please check which applies to you:

☐ Has an OPEN case with Vocation Rehabilitation and their VR counselor is: _____.

☐ Receives Med Waiver funds through The Department of Intellectual and Developmental Disabilities

Project SEARCH is a program that runs from August through May, Monday through Friday. Hours are generally 8 a.m to 2 p.m., but are subject to change.

Application Purpose & Guidelines

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. The Selection Committee will include Project SEARCH instructors and may include representative(s) from Vanderbilt University Medical Center, Tennessee Rehabilitation Services and Progress, Inc.

Our final goal is to select Interns who will be successful in a Project SEARCH program and be eligible to reach the outcome of competitive employment.

The Selection Process includes the following guidelines:

- All candidates are encouraged to view the Open House on our website in late spring. All pertinent information regarding our program will be provided.
- ALL candidates must have an open case with Vocational Rehabilitation or be receiving DIDD Waiver services.
- Although applications are accepted year-round, applications for the upcoming fall class are encouraged to be submitted by March 1.

Project SEARCH
Monroe Carell, Jr. Children's Hospital at Vanderbilt
2200 Children's Way, B-320
Nashville, TN 37232-9633
or email to: p.hollingsworth@progress-inc.org
or email to: brandon.pflug@vumc.org

- The Selection Committee will begin reviewing applications as early as April, but will continue until class size is met
- The candidate will be notified to attend assessment day, held in the Project SEARCH classroom
- The candidate *may* be contacted for further information or to schedule a face-to-face interview
- Notification of the candidate's acceptance status will be sent to the candidate's email address once reviewed and determined by the selection committee.

If accepted:

- The Selection Committee will review the application and match the intern skill set and interests with the appropriate Project SEARCH internships/rotations.
- Candidate and family (supporters/care givers) will be notified to attend an information meeting before the start of program. Information about the program, class calendar, immunization requirements, and all other necessary forms will be passed out at that time.
- ***The intern is only permitted an allotment of 9 days off in addition to a few holidays.*** The 9 days off include "bad weather days," bereavement leave, sick days, etc. Completing this application is an agreement to abide by Project SEARCH's attendance policy. Failure to adhere to the policy may result in dismissal from the program.

Project SEARCH Application Packet Checklist:

The following must be completed and sent with the application. Please check the appropriate box with information that you have provided

☐ **Completed Application Packet (including a photo on the 1st page)**

☐ **High School Transcript including attendance record (if under 24 years-old)**

☐ **Summary of Performance from high school or last IEP (if under 24 years-old)**

☐ **Evaluation/Summary from any other formal training (if applicable) including attendance record**

☐ **Last Annual Physical**

☐ **Photo copy of educational diploma**

☐ **Documentation of disability**

☐ **Copy of Current ISP (for Waiver candidates only)**

All applicants must have a working email address that is in their name so that they can access it from both home and Project SEARCH. This includes knowing their login information and password.

APPLICATION FOR ADMISSION

A. Personal Data

Name _____
Last First Middle

SS#: _____

Address: _____
Street City Zip Code

County: _____
Applicant's cell phone number: _____

Date of Birth: _____ ☐ Male ☐ Female
Applicant's Age: _____
Applicant's email address (this will be our **primary** contact): _____

Parent #1 / Guardian Name:_____ Parent/Guardian e-mail: _____
Are you the legal conservator? ☐ Yes ☐ No
Address: Street _____ City: _____ Zip: _____
Parent #1/Guardian #1 Home Phone: _____ Cell Phone: _____
Work Phone: _____
County of Residence: _____
Parents' email address: _____

Parent #1 / Guardian Name:_____ Parent/Guardian e-mail: _____
Are you the legal conservator? ☐ Yes ☐ No
Address: Street _____ City: _____ Zip: _____
Parent #1/Guardian #1 Home Phone: _____ Cell Phone: _____
Work Phone: _____
County of Residence: _____
Parents' email address: _____

Project SEARCH interns are required to have a disability that impacts employment opportunities.
Please indicate your disability: _____
(*If you do not know, please ask your physician or VR counselor*)

Describe how your disability affects your daily activities and your ability to obtain or retain employment:

_____

_____

_____

Please list any kind of aids/supports or assistive technology that the candidate uses to accommodate their disability (ex: hearing aid, cane, specific cell phone app, etc.)

_____

_____

_____

DESCRIBE YOUR SERVICE AGENCIES:

Do you have a Vocational Rehabilitation Counselor?
Yes ☐ Counselor's Name: _____ Phone Number: _____
No ☐

Are you receiving Social Security benefits?
SSI ☐ SSDI ☐ No ☐

Are you receiving Medicaid Waiver funds?
Yes ☐ No ☐

HEALTH STATUS

Medication	Dosage and time of day	Reason prescribed

Date of last dental exam _____ Provider name and contact _____

Date of last vision exam _____ Provider name and contact _____

Do you wear glasses as prescribed? _____
Do you wear contacts as prescribed? _____

List ALL current health and medical issues (including allergies, vision, hearing, balance, limited endurance, etc.):

List ALL hospitalizations / surgeries (including psychiatric treatment)

Facility and contact information	Date	Reason for treatment

Please list any kind of aids/supports or assistive technology that the candidate uses to accommodate their disability (ex: hearing aid, cane, specific cell phone app, etc.)

BEHAVIORAL SUMMARY:

Do you have any behaviors that might impact a successful job placement?
Yes ☐ No ☐

Please Explain:

Has the candidate ever been placed on a Behavior Plan while in school?
Yes ☐ No ☐
If "Yes," please attach the plan to this application.

Has the candidate ever been suspended/excluded/removed from school?
Yes ☐ No ☐
If "Yes," please explain:

Has the candidate been involved in the court system (excluding DCS, DHS or conservatorship)?
Yes ☐ No ☐
If "Yes," please explain:

Can the candidate pass a criminal background check?
Yes ☐ No ☐

Can the candidate pass a drug screening?
Yes ☐ No ☐

EMPLOYMENT BACKGROUND:

List jobs you do or have done in school or in the community (including volunteering):

Employer/ Organization	Dates	Job Duties	Supervisor Name	Contact Number	Paid? (circle one)	How did the candidate obtain this position?
					Yes/No	
					Yes/No	
					Yes/No	

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:

LIST THREE REFERENCES (NON-RELATED):

	Name	How do you know this person?	Phone Number	Email Address
1.				
2.				
3.				

TRANSPORTATION:

How does the candidate plan to get to Project SEARCH's job training? Public Transportation ☐ Parents ☐ Drive Self ☐ Other ☐_____
What is the backup plan for transportation?
How does the candidate plan to get to work once they are employed? (keep in mind the job could be 1st, 2nd or 3rd shift) Public Transportation ☐ Parents ☐ Drive Self ☐ Other ☐_____
What is the backup plan for transportation?
Currently, can the candidate cross the street at an intersection independently? Yes ☐ No ☐
Is the applicant willing and capable to successfully learn and navigate the Vanderbilt Shuttle system for *independent* travel? Yes ☐ No ☐ If "No," please explain:
What forms of public transportation has the applicant utilized independently (ex: shuttle, MTA, cab, etc.)?

By signing this, the candidate is stating all the above is true and thorough to the best of their knowledge. Undisclosed medical/behavior or legal information affecting Project SEARCH training, job placement or job retention may be grounds for dismissal.

A parent, counselor, teacher, listed reference, former training facility, medical provider or employer may be contacted by the Selection Committee to gather additional information. By signing this, the applicant and/or conservator give permission to release all information requested from people/agencies/schools/medical providers listed in this document and documents provided by Vocational Rehabilitation to Project SEARCH.

Applicant's consent and information:

Name	Title	Phone Number	Date

Signature

Parent(s) and/or Conservator and information:

Name	Title	Phone Number	Date

Signature

If the candidate did not fill out this application, please explain the reason:

Please list the names and roles and contact information of the team members that completed this application (if applicable):