



Lake City Medical Center Project SEARCH

Candidate Application
2017-2018

Serving:
Columbia, Hamilton & Suwannee County

www.projectsearch.us

Candidate Name: _____

Address: _____

Phone: _____

Email Address: _____

High School Attending: _____



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. A 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.

The Selection Process includes the following guidelines:

- All students must attend the Open House at the host business site to observe the culture prior to selection to participate in Project SEARCH.
- **Submit the completed application to the address on your cover letter by April 3, 2017.**
- The Selection Committee will review the applications, and notify you in writing of your acceptance.
- If accepted, the IEP team will meet to amend the Individual Education Plan (IEP) for the 2017-2018 school year.
- Additional documentation, (i.e. background checks, immunizations, etc...) will be required by the host business site.

Order of selection will be students:

- At least 18 years of age and not turn 22 before June 2018
- A person with a significant disability
- Enrolled as a student with the Columbia, Suwannee or Hamilton County School Districts
- Who have completed high school credits necessary for graduation
- Willing to defer receipt of their High School Diploma
- Agree that this will be the last year of student services and that therapy services will be on a consultative basis only
- Meet eligibility requirements for Vocational Rehabilitation Supported Employment
- Have independent personal hygiene, grooming and independent daily living skills
- Maintain appropriate behavior and social skills in the workplace
- Take direction from supervisors and change behavior
- Be able to communicate effectively with or without accommodations (i.e. Assistive Technology)
- Utilize public transportation when available and participate in travel training
- Complete pre-employment training (20 hours during the summer) through Vocational Rehabilitation
- Have the desire and plan to work competitively in the community at the end of the internship program

Project SEARCH Application Packet Checklist

PLEASE NOTE

ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR CONSIDERATION OF APPLICATION.

(IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE CONTACT YOUR SCHOOL DISTRICT STAFF AT THE NUMBER BELOW.)

- Completed Application Packet (Application, Media Release & Customer Waiver)
- Color Photo (Wallet Size) or Copy of Driver's License/ID
- Current Individual Education Plan (IEP) including Transition Goals
- Two years of Discipline Records
- Attendance Record
- Career Assessment (if completed)
- Teacher Recommendation Letter
- Background Check
- TB Test
- Immunizations
- Emergency Contact Information

Return completed Packet, with all required attachments, by April 3rd, to:

Columbia County	Hamilton County	Suwannee County
Kim Cherry, Transition Specialist 444 W Duval Street Lake City, FL 32055 386-755-8050 x1108 cherryk@columbiak12.com	Joan Adams, Staffing Specialist 5683 Highway 129 South Suite #1 Jasper, FL 32052 386-792-6517 Joan.adams@hamiltonfl.com	Toni Greenberg, Transition Specialist 1314 SW Pine Avenue Live Oak, /FL 32064 386-647-4042 tgreenberg@suwannee.k12.fl.us

Have you ever been fired from, let go from 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:

C. UNIFORM:

Please provide sizes for uniform ordering purposes:

Pants: _____ Shirt: _____ Shoes: _____

D. TRANSPORTATION:

How do you plan to get to Project SEARCH?

Self Family Other

E. SERVICE AGENCIES:

Do you have a Vocational Rehabilitation Counselor? (VR Counselor)

Yes Name _____ Phone Number: _____

No

Do you have a Support Coordinator from the Agency for Persons with Disabilities APD?

Yes Name _____ Phone Number: _____

No

F. INDEPENDENT LIVING:

Medications taken by student:

Medication	Dosage	Time of day

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

G. EMERGENCY CONTACT INFORMATION:

Emergency Contact Name _____ Relationship _____
Address _____ Telephone _____

H. STUDENT/PARENT INFORMATION:

1. Acceptance into the Project SEARCH Program is dependent upon Selection Committee review and completion of skills assessment and 20 hour pre-employment training.
2. Release: The student records (school, APD, VR) concerning my son/daughter may be transferred to Host Business Site 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: _____

H. Project SEARCH INTERN CONTRACT:

I, _____, understand that upon acceptance into the Project SEARCH program, I must abide by the following terms and conditions:

- I will complete a twenty-hour pre-employment training during the summer.
- I will complete three unpaid job rotations within the host business.
- I will attend the program every day (e.g. 8:00 – 3:30), Monday through Friday.
- I understand that the Project SEARCH program correlates with the affiliated school district's calendar.
- I will call my instructor and departmental supervisors when I am absent or tardy.
- I will make up any missed assignments due to excused absences.
- I will provide my own transportation to the host site from August to June of the program year.
- I will learn to use public transportation.
- I will follow all the policies and procedures established by the program and host business.
- I will dress according to the dress code and uniform requirements of the assigned host site and/or rotation.
- I will attend monthly Employment Planning Meetings with my PS Instructor, PS Job Coach, VR counselor, Support Coordinator and family supports. I will be an active participant and communicate any issues at the meetings, which will be held at least twice during each rotation.
- I will work with my personal and community supports to obtain the supplies from the supply list for my site. (List is distributed at the Host Site Orientation)
- I understand that the desired outcome for me in Project SEARCH is full/part-time paid employment in the community.
- I will actively pursue employment.
- I will receive a Project SEARCH certificate of completion when I complete the program.

I have read the above terms and conditions, and agree, upon acceptance, to accept my placement in the Project SEARCH program. I understand that I may be asked to leave Project SEARCH, if I fail to follow the terms and conditions.

Student Signature

Date

Parent/Guardian Signature

Date

Project SEARCH Team Member Signature

Date

Media Release and Consent Form

The many activities that occur across the network of Project SEARCH program sites are of general interest to the local and national community. Media, which includes local and national newspapers, magazines, TV stations, etc. frequently, request information about our interns, employees and staff that participate in programs and special events. In addition, Project SEARCH produces materials to inform the community about successes and unique activities. Most of these productions and materials include photographs, interviews or videotapes of participants.

Please complete the attached form, indicating whether you grant Department of Disability Services / Project SEARCH staff to use your likeness and/or information about your activities in news stories, videotape productions, magazine articles, informational brochures, Project SEARCH website, etc.

Thank you.

Please print or type all information.

I _____ hereby give permission to use my name, likeness and or information pertaining to my involvement with Project SEARCH in news releases, magazine articles, videotapes, informational materials, websites, etc.

_____ No, I do not wish to be included in such activities.

Street Address

City

State

Zip

E-mail address

Signature

Customer WAIVER

The undersigned, for the purpose of participating in the use of his/her photograph and/or testimonial in Division of Vocational Rehabilitation literature or in the media in and under such circumstances and means as I have approved in advance, hereby waives his/her right to confidentiality pursuant to Section 413.341, Florida Statutes, to the extent that he/she now, or has in the past, received Vocational Rehabilitation Services. The undersigned agrees to such use for public relations' purposes in order that persons with disabilities may become more aware of the services provided by the Division.

DIVISION OF VOCATIONAL REHABILITATION

Customer's Address

City, State, and Zip Code

the undersigned's representative for the purpose of this written waiver.

Customer's Signature

Date

Print Customer's Name

Last 4 Numbers of Customer's
Social Security Number

Customer's Date of Birth

NOTE: Pursuant to Federal Regulations, the above release pertains solely to information generated or paid for by Vocational Rehabilitation Services (VRS).

Revised 5/14

**CONSENT FOR MUTUAL EXCHANGE OF INFORMATION
COLUMBIA COUNTY SCHOOL DISTRICT**

Student's Name:	School:	Grade:
Date of Birth:	Date:	Student Number:
Name of Parent/Guardian:	Address:	City, State, Zip

I hereby authorize the mutual exchange of records regarding the above named student between the Columbia County School District and the following agencies. I also understand that all information will be confidential and will be used for the sole purpose of aiding my child educationally.

The following information and records may be released:

- Psychological Tests
- Speech/Language Reports
- Health/Medical Records
- Social/Development History
- School Records
- Written Agency Plans
- OT/PT Reports
- Staffing Reports
- Individual Education Plans (Previous)
- SSI/Social Security Records
- Conference Minutes/Notes
- Other information and records that may be significant to my child's educational needs.

Agencies Authorized to Exchange Information:

- County Schools
- Children's Medical Services
- Community Mental Health
- Community Colleges
- Vocational Schools
- FDLRS/Gateway
- Vocational Rehabilitation
- Developmental Services
- Association for Retarded Citizens
- Social Security Administration
- Division of Blind Services
- Other agencies and providers including other school, hospital, clinic, physician, psychologist, etc... that have had significant contact with my child.

I hereby certify that I am the parent or legal guardian of the child named above, or that I am the student of majority age and have authority to sign this release form. I understand all records released, will be marked "Confidential" and may not be shared with anyone else without your consent. Any exchange of information that would identify your child would only be made in order to provide appropriate services. I understand the granting of this consent is strictly voluntary on my part.

Parent/Guardian Signature _____
Date

Name of Physician _____
Physician Telephone #

Any exchange of information that would identify your child would only be made in order to provide appropriate services. Should you want additional information, have questions about the release of these records, or would like to see the records before you give your consent, please contact the Exceptional Student Education and Special Services Department at: (386) 755-8050, 444 West Duval Street, Lake City, FL 32055.