



Project | SEARCH

2020-2021 Application Packet: SOIN Medical Center

Name _____

High School _____

Participants are chosen upon review of completed application packet, reference checks, and interview with the Selection Committee.



Project | SEARCH

APPLICATION PACKET CHECKLIST

A **Completed Application Packet** includes the following:

Things to ask for and include from your school:

_____ **High School Transcript, Individual Education Plan, Evaluation Team Report**
(May be sent via internet at each districts' discretion)

Additional material to include:

_____ **Immunization Record**

_____ **Medical/ Psychological Diagnosis** with documentation (if applicable)

Contact adult service agency:

_____ **Opportunities for Ohioans with Disabilities (OOD):**
vocational rehabilitation services: 937-331-5017.

Return completed packet to:

Elisabeth Cline, Project SEARCH Coordinator
Greene County Career Center
2960 W. Enon Road, Xenia, OH 45431
Cell (937) 623-4908 Fax (937) 372-3125
ecline@greeneccc.com

SOIN MEDICAL CENTER PROJECT SEARCH APPLICATION

Student Information:			
Student Name:	DOB:		
Student Address Street: City: State, Zip Code:	Date of student's 22nd birthday:		
	Social Security #:		
	Student Cell Number:		
	Student Email:		
Number of absences this year:	Associate School District:		
Parent/Guardian Information			
Father:	Home Phone:		
	Cell Phone:		
	Email Address:		
Mother:	Home Phone:		
	Cell Phone:		
	Email Address:		
Legal Guardian Information			
Is the student his or her own guardian? If not, who is?	YES	NO	
Educational Needs and Goals:			
Will the student have all credits necessary to meet graduation requirements at the end of this academic year?	YES	NO	
Has the student ever been placed on a behavioral plan while in high school? *If yes, please attach documentation.	YES	NO	
Has the student ever been suspended/excluded/removed from high school? If yes, please describe:	YES	NO	
Other than public education, has the student received any additional formal training? (Job Coaching, BVR Programs, Goodwill, etc.) *If yes, please list or attach information:	YES	NO	

Employment Needs and Goals:

<p>This program's goal is competitive employment. What are the student's employment goals? (circle one)</p>	<p>Part Time Competitive Employment</p>	<p>Full Time Competitive Employment</p>
<p>Does the student have previous paid work experience <u>outside</u> of the school programming? Was job coaching received? Please list.</p>	<p>Yes</p>	<p>No</p>

<p>Does the student need frequent classroom or work breaks due to disability issues, stress, anxiety, or restroom needs?</p>	<p>Yes</p>	<p>No</p>
<p>Has the student ever been fired or quit a job? If yes, why?</p>	<p>Yes</p>	<p>No</p>

School Work – Study Experiences or Community Work Experiences

<p>Organization</p>	<p>Volunteer Duties</p>	<p>Hours/Week</p>	<p>Supervis or</p>	<p>Phone #</p>	<p>Dates of Service</p>
Empty space for data entry					

Support Services

<p>Is the student SSI or SSDI eligible?</p>	<p>Yes</p>	<p>No</p>
<p>Is the student signed up with Opportunities for Ohioans with Disabilities (BVR). phone# 937-331-5017.</p>	<p>Yes</p>	<p>No</p>
<p>Is the student signed up with Developmental Disabilities?</p>	<p>Yes</p>	<p>No</p>

Living Arrangements and Daily Care

Does the student set and use an alarm clock independently to wake themselves up?	Yes	No
Does the student perform daily care required in a competitive job? (Bathing, grooming, clean cloths, teeth brushed, etc.?)		
Circle: Everyday-Always Most of the Time Occasionally Needs Improvement		

Medical History- * please include all up to date information

**Please list student’s medical and psychological diagnosis.
*If available, please attach documentation.**

Does the student take medication on a regular basis? If yes, provide the details requested below:				Yes	No
Medication	Purpose	Dosage Amount	Dosage Schedule	Prescribing Physician	Physician Phone #

Does the student have an Emergency Plan? (seizure plan, etc.) If yes, please attach documentation.	Yes	No
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Future Planning

Does the student currently hold a driver’s license?	Yes	No
Will the student be using the school bus to Soin Medical Center?	Yes	No
Is the student 100% willing to come to the program or is Project Search being guided by a family member?	Student 100%	Family/Student 50/50%

Can the student independently work by themselves for extended periods of time? And be trusted alone?	Yes	No
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Disability Awareness

In the student’s words, please describe his/her disability, and the effect it has on daily activities at school, home, and in the community. (A scribe can be used if appropriate)

✓ I agree to the release of all pertinent school and medical records to the Project SEARCH Staff and Project SEARCH Screening Committee.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Legal Guardian Signature _____ Date _____

APPLICATIONS ARE DUE FEBRUARY 22, 2020

INFORMATION FOR STUDENTS AND PARENTS/GUARDIANS:

- Due to the large number of applications, interviews will be required to select the 2020-2021 Project SEARCH Class. All applicants will be granted a place in the interview process. The interviews will be held at Soin Medical Center and will take approximately 30 minutes. The 30 minutes will include a short verbal interview and a soft skills evaluation in an adjacent room.
- Applications will be reviewed by a Screening Committee, which will make recommendations to The Greene County Career Center concerning placement in the program on a conditional basis for an initial 45 day trial period. The students team will then develop updated IEPs to reflect the goals and objectives appropriate for Project SEARCH.
- **STUDENTS WILL BE NOTIFIED OF PLACEMENT IN MARCH, 2020.**

ASSOCIATE SCHOOL DISTRICT RESPONSIBILITIES:

- **Provide 2 copies** of all documents and information listed in the application checklist for each student applying for Project SEARCH.
- **New IEPs prepared for students accepted into Project SEARCH** should including the following:

“ _____ has been accepted into the Project SEARCH Program contingent upon being able to meet and maintain all eligibility and progress requirements for Project SEARCH including applying with Opportunities for Ohioans with Disabilities, full disclosure of student’s health and disability, and a desire for competitive employment. Failure to do so will result in the student being dismissed from the Project SEARCH program.”

If a student is dismissed from the Project SEARCH program, the Associate School District will be responsible for convening the IEP team to determine an alternative educational option.

