



# Project | SEARCH

2017-2018 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.



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## **APPLICATION PACKET CHECKLIST**

### **\_\_\_\_\_ Completed Application Packet**

*Things to ask for and include from the school:*

\_\_\_\_\_ Shot/Immunization Record or Copy

\_\_\_\_\_ Current Individual Education Plan **and** Evaluation Team Report

\_\_\_\_\_ High School Transcript(s)

\_\_\_\_\_ Medical/ Psychological Diagnosis with supporting documentation

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Adult Services Agencies:

\_\_\_\_\_ Contact Opportunities for Ohioans with Disabilities to connect with vocational rehabilitation services. Contact: Erin Willoughby: 937.679.6211. (OOD works with partners in business, education and non-profit organizations to facilitate employment plans for Ohioans with disabilities). **Required.**

\_\_\_\_\_ Contact to initiate an appointment with Developmental Disability Services to begin eligibility process: Contact: Vanessa Eminoff: 937.562.6500. (DD provides long-term retention services and transportation).

## **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) 372-9396  
[ecline@greeneccc.com](mailto:ecline@greeneccc.com)

## SOIN MEDICAL CENTER PROJECT SEARCH APPLICATION

<b>Student Information:</b>		
<b>Student Name:</b>	<b>DOB:</b>	
<b>Student Address</b> <b>Street:</b> <b>City:</b> <b>State, Zip Code:</b>	<b>Date of student's 22<sup>nd</sup> birthday?</b>	
	<b>Social Security #:</b>	
	<b>Student Cell Number:</b>	
	<b>Student Email:</b>	
<b>Student School ID#</b>	<b>Associate School District:</b>	
<b>Number of absences this year:</b>		
<b>Parent/Guardian Information</b>		
<b>Father:</b>	<b>Home Phone:</b>	
	<b>Cell Phone:</b>	
	<b>Email Address:</b>	
<b>Mother:</b>	<b>Home Phone:</b>	
	<b>Cell Phone:</b>	
	<b>Email Address:</b>	
<b>Legal Guardian Information</b>		
<b>Is the student his or her own guardian:</b>	<b>YES</b>	<b>NO</b>
<b>Educational Needs and Goals:</b>		
<b>Will the student have all credits necessary to meet graduation requirements at the end of this academic year?</b>	<b>YES</b>	<b>NO</b>
<b>Has the student ever been placed on a behavioral plan while in high school?</b> <b>*If yes, please attach to the application with any supporting documentation.</b>	<b>YES</b>	<b>NO</b>
<b>Has the student ever been suspended/excluded/removed from high school?</b> <b>If yes, please describe:</b>	<b>YES</b>	<b>NO</b>
<b>Other than public education, has the student received any additional formal training? (Job Coaching, BVR Programs, Goodwill, School Programs)</b> <b>*If yes, list substance, date and location of any additional formal training:</b>	<b>YES</b>	<b>NO</b>

**Employment Needs and Goals:**

<b>What are the student's employment goals?</b>	<b>Competitive Employment (fading support)</b>	<b>Supported Employment (enclave)</b>
<b>Does the student want to work full-time or part-time?</b>	<b>Full-Time (40hrs/wk)</b>	<b>Part-Time (20hrs/wk)</b>
<b>Does the student have previous paid work experience <u>OUTSIDE</u> of the school programming? If yes, what type?</b>	<b>Yes</b>	<b>No</b>

<b>Did the student receive job coaching or other support in previous jobs?</b>	<b>YES</b>	<b>No</b>
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<b>How many hours per week?</b>	
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<b>If yes, what type?</b>
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<b>Did the student receive any disability accommodations in previous Jobs? If so, what type?</b>	<b>YES</b>	<b>NO</b>
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<b>Has the student ever been fired or quit a job? If yes, why?</b>	<b>YES</b>	<b>NO</b>
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**School Work – Study Experiences**

<b>Organization</b>	<b>Volunteer Duties</b>	<b>Hours/Week</b>	<b>Supervisor</b>	<b>Phone #</b>	<b>Dates of Service</b>

**Other Work Experiences**

<b>Does the student have previous volunteer experience? If yes, provide details requested below:</b>	<b>YES</b>	<b>NO</b>
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<b>Organization</b>	<b>Volunteer Duties</b>	<b>Hours/Week</b>	<b>Supervisor</b>	<b>Phone #</b>	<b>Dates of Service</b>

<b>Support Services</b>					
<b>Is the student SSI or SSDI eligible?</b> <b>If yes, please attach the award letter.</b>				<b>Yes</b>	<b>No</b>
<b>Is the student eligible for services from the Greene County Board of DD?</b>				<b>Yes</b>	<b>No</b>
<b>Is the student eligible for services from Opportunities for Ohioans with Disabilities (BVR)?</b>				<b>Yes</b>	<b>No</b>
<b>If yes above. Please list agency and case workers name:</b>					
<b>Living Arrangements and Daily Care</b>					
<b>Does the student set and use an alarm clock independently?</b>				<b>Yes</b>	<b>No</b>
<b>Does the student get up in the morning on his/her own?</b> <b>If no, how does he/she wake up?</b>				<b>Yes</b>	<b>No</b>
<b>Does the student perform daily care on his/her own? (Bathing, grooming, dressing, etc.?)</b> <b>Please Circle One:</b> <b>No Assistance      Minimal Assistance      Occasional Assistance      Total Assistance</b>					
<b>Medical History</b>					
<b>Please list student's medical and psychological diagnosis.</b>					
<b>Does the student take medication on a regular basis?</b> <b>If yes, provide the details requested below:</b>				<b>Yes</b>	<b>No</b>
<b>Medication</b>	<b>Purpose</b>	<b>Dosage Amount</b>	<b>Dosage Schedule</b>	<b>Prescribing Physician</b>	<b>Physician Phone #</b>
<b>Does the student have an Emergency Plan? (seizure plan, etc)</b> <b>If yes, please attach.</b>				<b>Yes</b>	<b>No</b>
<b>Future Planning</b>					
<b>Does the student currently hold a driver's license?</b>				<b>Yes</b>	<b>No</b>
<b>Does the student currently hold a temporary driving license?</b>				<b>Yes</b>	<b>No</b>
<b>Does the student have plans to take the temporary test?</b>				<b>Yes</b>	<b>No</b>
<b>Will the student obtain a driver's license within the next year?</b>				<b>Yes</b>	<b>No</b>
<b>Will a family member provide the student with transportation to the workplace after Project SEARCH?</b> <b>If yes, who?</b>				<b>Yes</b>	<b>No</b>
<b>Can the student travel to the workplace using public</b>				<b>Yes</b>	<b>No</b>

transportation?		
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Disability Awareness		
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**In the students 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)**

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**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 17, 2017**

## **PROJECT SEARCH APPLICATION**

### **INFORMATION FOR STUDENTS AND PARENTS/GUARDIANS:**

- Applications will be reviewed by a Screening Committee, which will make recommendations to Greene County Career Center concerning placement in the program on a conditional basis for an initial 45 day trial period. **STUDENTS WILL BE NOTIFIED OF PLACEMENT BY MARCH 17, 2017.**
- Students will be reviewed during the 45-day trial period to determine whether they meet the eligibility criteria for competitive employment.
- If students continue to meet all eligibility standards, then the students' teams will develop updated IEPs to reflect the goals and objectives appropriate for Project SEARCH.

### **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 the Rehabilitation Services Commission, 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.



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