



Project | SEARCH



CHRISTIANA CARE
HEALTH SYSTEM

Christiana Care Health System Project SEARCH Student Application 2019 - 2020

Name _____

High School _____

School District _____

Date Received (official use only) _____

APPLICATION PURPOSE AND GUIDELINES

Christiana Care Health System Project SEARCH 2019 – 2020 APPLICATION



The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate. This application enables the *Project Search Selection Committee* to properly assess each student candidate's skills, abilities and background. A parent, student, counselor, teacher, or employer may be contacted by the *Selection Committee* to gather additional information. Our final 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:

1. The *Selection Committee* will include the following: (1) the Project SEARCH instructor from Red Clay Consolidated School District, (2) representative(s) from the Christiana Care Health Services, (3) Division of Vocational Rehabilitation (Counselor); representative(s), (4) representatives from Outside agencies (TBD), representative(s) from Office of Special Services for Red Clay Consolidated School District.
2. This application packet is utilized for high school transition candidates.
3. Submit the completed application by April 1, 2019 to:

Lakia Belcher

District Transition Specialist
Special Services, Red Clay School District
1502 Spruce Ave
Wilmington, De 19805
Lakia.Belcher@redclay.k12.de.us

4. The Selection Committee (representatives from Red Clay Consolidated School District Office of Special Services, Christiana Health Care System, DVR and community provider agencies) will review the applications packets and interview eligible students.
5. If accepted, an IEP will be developed with the IEP team for the 2019-2020 school year.
6. If accepted, student must be able to pass a criminal background check, drug screening and any other tests deemed necessary by the host business.

Christiana Care Health System Project SEARCH 2019 – 2020 APPLICATION



PROGRAM ENTRANCE CRITERION

- Is between 18-21 years of age by August 31st, 2019
- Has completed requirements necessary for graduation or certificate
- Agrees that this will be the last year of student services and will accept diploma or certificate at the end of Project SEARCH
- Found eligible for vocational rehabilitation or has a submitted referral in progress
- Is eligible for developmental disabilities services and other providers as necessary for follow along services or has a submitted referral in progress
- Willing to participate in travel training to maximize independence in travel (preferred, but not necessary)
- Has previous experience in a work environment (including school, volunteer, or paid work)
- Is able to pass drug screen and felony check and have immunizations up to date
- Desires and plans to work competitively in the community at the conclusion of the Project SEARCH program

Christiana Care Health System Project SEARCH 2019 – 2020 APPLICATION



APPLICATION PACKET CHECKLIST

Required Documentation

Please note: All the required documents must be completed and submitted together for consideration

- **Completed Application Packet**
 - Including Red Clay Consolidated School District Student Data Card (SDC)
- **Permission for release of information**
- **Current Individual Education Plan (IEP), with Evaluation Summary Report (ESR), including Transition Goals and Behavior Support Plan (if student has one)**
- **Psychological Evaluation**
- **High School Transcript**
- **School Transcript from any other formal training**
- **Attendance Record**
- **Copy of Student Success Plan**
- **Copy of Student Transition Survey**
- **Photo of applicant**

Christiana Care Health System Project SEARCH 2019 – 2020 APPLICATION



RECRUITMENT TIMELINE FOR 2019 – 2020

Applications are made available during the fall and students are encouraged to submit their application as soon as possible. Applications are reviewed beginning in January and continue to be reviewed until we meet our enrollment capacity of 12 students. We will no longer accept applications once we meet our enrollment capacity. Final decisions are typically made by mid-April.

For more information contact:

Lakia Belcher @ 302-552-3749

Angela Hansen @ 302-733-5985

Christiana Care Health System Project SEARCH 2019 – 2020 APPLICATION



Application for Admission

To be completed by the Special Education Case Manager or Educational Diagnostician

Forms to be completed by the Special Education Case Manager or Educational Diagnostician and submitted to the Educational Director/Supervisor for approval.

Parent/Student Information:

1. Consent to Release: Red Clay Consolidated School District Information must be signed to share relevant information with participating agencies and businesses. (Attached to application packet)
2. Equal Opportunity: Project SEARCH placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

Parent/Guardian Signature: _____ Date: _____

Student Signature _____ Date: _____

Students must be eighteen years of age by August 31, 2019 to apply.

Jobseeker:	Date:
School District:	Date of Birth:
Exit Date:	Evaluation Report:
Disability:	DDDS Case Manager: or DVR Counselor:
Name of person filling out form:	For how long has the interviewee known the jobseeker? <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> more than 3 years

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Project SEARCH Tuition Acknowledgment Form

Project SEARCH is a tuition based program. For a Project SEARCH application to be considered complete, the home district must complete and return the acknowledgement form with the understanding that the home school district will be financially responsible for the tuition payable to the Red Clay Consolidated School District.

Date: ____/____/____

Student/Applicant Information:

Last Name: _____ First Name: _____

High School: _____ School District: _____

Is the referring district the student's home district?

YES

NO *If no, no signature is required. Red Clay Consolidated School district will contact and require the home district to complete the signature form.*

Signatures

Director/ Supervisor of Special Education Home School District:

_____ Date: ____/____/____

Print

Sign

Director of Finance:

_____ Date: ____/____/____

Print

Sign

The above signature denotes the district understands and agrees to be financially responsible for the tuition to the Red Clay Consolidated School District.

Christiana Care Health System Project SEARCH 2019 – 2020 APPLICATION



Positive Personal Profile - *To be completed by the Special Education Case Manager*

Dreams and Goals	Interests
Talents, Skills and Knowledge	Learning Styles
Values	Positive Personality Traits
Environmental Preferences	Dislikes, Pet Peeves, Idiosyncrasies
Work Experiences	Support System
Specific Challenges	Solutions and Accommodations

Christiana Care Health System Project SEARCH 2019 – 2020 APPLICATION



Given the information on the profile, what ideas do you, your job seeker and their supporters have for potential jobs; job tasks; types of companies, and/or actual businesses you will target? Note: If you have already begun an active job search, describe what you have done so far?

Signature

Title

Date

Contact Information:

Parent/Guardian(s)		
Name:	Phone #:	E-mail:
Applicant		
Name:	Phone #:	E-mail:

Christiana Care Health System Project SEARCH 2019 – 2020 APPLICATION



Please rate the following on a scale of 0 (area of concern) to 5 (area of strength).

To be completed by the Special Education Case Manager

Characteristic/Skill	Rating	Comments
Communication		
Hygiene		
Attendance		
Work Stamina		
Ability to follow directions		
Ability to work without supervision		
Reading skills		
Math skills		
Ability to relate to peers and work in teams		
Flexibility		
Ability to transition from one activity to another		
Dependability		
Ability to take initiative		
Computer skills		
Ability to self-assess or self-evaluate		
Self-esteem		

****A rating lower than 5 in any category requires a comment***

Additional comment regarding the student's strengths and weaknesses:

Signature: _____ Date: _____

Application for Admission

To be completed by Student, Family, School



EMPLOYMENT BACKGROUND:

Do you plan to work during the school year, in addition to being in the Project SEARCH Program?

Yes No

If yes where? _____ How many days/ hours? _____

List jobs you do or have done in school or in the community:

Employer	Job Title	Job Duties	Supervisor Name	Contact Number	WAS THIS A PAID POSITION?
		1. 2. 3.			Yes No
		1. 2. 3.			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:

SERVICE AGENCIES:

Are you currently a client of any of the following agencies?

- Division of Developmental Disability Services (DDDS) Yes No
- Division of Vocational Rehabilitation (DVR) Yes No
- Division of Visually Impaired (DVI) Yes No
- Division of Family Services (DFS) Yes No
- Department of Labor Yes No
- Division of Child Mental Health Yes No
- Division of Adult Mental Health Yes No

Other Private Service Providers: Please list: _____

Are you receiving any social security benefits? Yes No

INDEPENDENT LIVING:

Medications/ dosage/ Time of day taken by student

Medication	Dosage	Time of day

List any health, medical issues or limitations that may require additional support at a worksite:

BEHAVIORAL SUMMARY:

Do you have any behaviors that require additional support at a worksite?

Yes No

Please Explain:

Have you had or do you currently have a behavior plan?

Yes No

If yes, please attach.

Application for Admission

To be completed by Student and family



STUDENT RESPONSE QUESTION

Why do you want to come to Project SEARCH? (Complete in your own words with or without a person assisting you to write your responses.)

THE PERSON ASSISTING THE STUDENT TO COMPLETE THIS APPLICATION IS:

Name	Title	Phone Number	Date
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Organization	Phone Number	Email contact
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Signature of person assisting the student to complete this application

Student Contract

Read the student contract below and sign and date.

I _____ understand that students in the Project SEARCH program must abide by the following terms and conditions:

- I will complete at least three unpaid job rotations within the host business.
- I will attend the program every day (Monday through Friday) during the project hours.
- I understand that the Project SEARCH program correlates with the Red Clay Consolidated School District calendar.
- I will dress appropriately and wear required attire.
- I will call my instructor when I am absent or tardy.
- I understand that I will be responsible for transportation to and from the host site.
- I will learn to use public transportation when available.
- I will follow all the rules established by the program and host business.
- I will attend scheduled meetings with my rehabilitation counselor, parents, teachers, and business staff.
- I will be an active participant and communicate any issues at our meetings.
- I will meet regularly / as scheduled with my DVR counselor/ DDDS Case Manager to pursue employment.
- I will meet regularly with my Job Developer to pursue employment.

I have read the above and understand that I must agree to these terms IF I am accepted 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
(as applicable)

Date

RED CLAY CONSOLIDATED SCHOOL DISTRICT

AUTHORIZATION FOR THE RELEASE OF INFORMATION

CLIENT/STUDENT:	DATE OF BIRTH:
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I hereby authorize the following individuals or organizations to release/receive information:
Red Clay Consolidated School District,
Project Search Partners: Christiana Care Health System, Department of Education,
Division of Developmental Disabilities Services, Division of Vocational Rehabilitation and
Respective Partner responsible for job development
To/from the following individuals or organizations:
Red Clay Consolidated School District,
Project Search Partners: Christiana Care Health System, Department of Education,
Division of Developmental Disabilities Services, Division of Vocational Rehabilitation and
Respective Partner responsible for job development

The type of information to be provided is:
<input checked="" type="checkbox"/> Educational Records/Reports <input checked="" type="checkbox"/> Medical Records/Reports
<input checked="" type="checkbox"/> Current IEP <input checked="" type="checkbox"/> Psychiatric Evaluation/Report
<input checked="" type="checkbox"/> Speech-Language Evaluation/Report <input checked="" type="checkbox"/> Neurological Evaluation/Report
<input checked="" type="checkbox"/> OT/PT Evaluation/Report <input checked="" type="checkbox"/> Psychological Evaluation Report
<input checked="" type="checkbox"/> Participation in IEP team meeting <input type="checkbox"/> Other _____

The purpose of providing this information is: <i>to gather records and information to assist in the development of your child's educational program.</i>

This authorization is valid until:
<input type="checkbox"/> One year from the date of signature <input type="checkbox"/> The following date or event: _____

In signing this authorization I understand:
<ul style="list-style-type: none"> This authorization is voluntary and services are not dependent on my authorization. I have a right to receive a copy of my authorization. This authorization may be revoked at any time by writing to the originating agency. The revocation will be effective on receipt, but will not affect actions taken prior to receiving my revocation. If I request release of information to individuals or organizations that are not subject to state or federal privacy regulations, the information could be re-disclosed without privacy protections.

Client/Student
Signature* _____
Printed Name _____
Date _____

Representative Signature (Parent, Guardian, Custodian [Circle One])

Printed Name _____ **Date** _____

- *The signature of a minor client (under age 18) is required for the release of information which is, for example,
- from a school-based Wellness Center
 - protected by federal regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records

Records protected under Delaware law or federal privacy regulations cannot be disclosed without written authorization unless otherwise provided for in the regulations. See, for example,

- Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2
- Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 160 & 164
- Family Educational Rights and Privacy Act ("FERPA"), 34 CFR Part 99