

Project SEARCH at Kennedy Krieger Institute Application

Project SEARCH at Kennedy Krieger Institute is a 10-month, transition program for individuals with disabilities 18 through 24 years of age. Project SEARCH provides hands-on job training through worksite rotations, career exploration, innovative adaptations, and mentoring from experienced staff.

If you have any questions during the application process contact Stacey Herman, Director of Post-Secondary Services at Hermanst@kennedykrieger.org.

Intern Information			
Name:		Date of Birth:	
Address:		Date of student's 22nd birthday (if applies)?	
Street:			
City:		Social Security #:	
Zip Code:		Cell Number:	
		Email:	
Student School ID# (if applies):		Associate School District:	
Disability Code:	Related Service #:	SSID #:	
Shirt Size:	Pant Size:	IEP Case Manager (if applies):	
Number of absences this year (if applies):		Email Address (if applies):	
Parent/Guardian Information			
Father:		Home Phone:	
		Cell Phone:	
Father's Place of Employment:		Work Phone	
		Email Address:	
Mother:		Home Phone:	
		Cell Phone:	
Mother's Place of Employment:		Work Phone:	
		Email Address:	
Emergency Contact (other than parent)		Cell Phone:	
		Email Address:	
Legal Guardian Information			
Is the student his or her own guardian:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
***If no, please attach court documents.			
Educational Needs and Goals			
What High School are you attending/did you attend?			
If applies, do you plan to continue transition focused programming beyond H.S. graduation?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If applies, will/did the intern have all credits necessary to meet graduation requirements at the end of this academic year?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If applies, have you ever been placed on a behavioral plan while in high school? If yes, please attach to the application with any supporting documentation.		<input type="checkbox"/> YES	<input type="checkbox"/> NO

If applies, have you ever utilized the services of a 1:1 aide? What was the purpose?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been involved in the court system? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Employment Needs and Goals:		
Do you plan to pursue entry level employment in your community after graduation from Project SEARCH? If so, what kind of work do you want to do?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you want to work full-time or part-time?	<input type="checkbox"/> Full time (40 hours per week) <input type="checkbox"/> Part Time (20 hours per week)	
Do you plan to work during the school year outside of Project SEARCH? If yes, where? How many hours per week?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently work over the summer break? If yes, where? If yes, how many hours a week?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have previous paid work OUTSIDE of school programming?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you receive job coaching or other support in previous paid jobs? If yes, how many hours of job coaching per week and for what length of time? If yes, what type of work supports and/or coaching were needed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you obtained any previous jobs without assistance? If yes, where?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been fired from a job? If yes, why?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever quit a job? If yes, why?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

List any specific accommodations you would need to participate in Project SEARCH:

Please list information below regarding **unpaid** and volunteer work experiences the you have participated in during the past three years.

Unpaid Work Experiences (i.e. work study, volunteer)					
Location	Job Duties	Hours /Week	Supervisor	Phone #	Dates of Service

Please list information below regarding **paid** work experiences:

Paid Work Experiences (Two most current)					
Location	Job Duties	Hours /Week	Supervisor	Phone #	Dates of Employment
					Start and End of pay:
					Start and End of pay:

Support Services		
Are you eligible for services from Department of Rehabilitation Services (DORS)? If YES, list the DORS Counselor name and phone number.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Name	Phone#/Email
Are you eligible for services from Developmental Disability Administration (DDA)? If YES, list the DDA Coordinator's name and phone number.	Name	Phone#/Email

Are you SSI, SSDI, Medicare, or Medicaid Eligible? If yes, please attach the award letter.			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you been referred for any of the services above?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			Name	Phone #
Have you utilized services from other agencies in the past? If yes, provide the details requested below:			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Agency	Services Provided	Agency Contact	Phone #	Dates of Service

Living Arrangements and Daily Care			
Do you live at home?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you perform daily care tasks on your own? (Bathing, shaving, grooming, dressing, feminine hygiene, etc.) I complete these tasks with—(Please select one):			
<input type="checkbox"/> No Assistance	<input type="checkbox"/> Minimal Assistance	<input type="checkbox"/> Occasional Assistance	<input type="checkbox"/> Total Assistance
If assistance is needed, who assists you and to what degree?			

Medical History		
Please list any necessary medical history that we would need to know.		
Does the intern have allergies? If yes, what? (Medical, seasonal or food? Please describe severity.)		<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list kinds of aid/supports or assistive technology that you use to accommodate a physical disability:

Do you take medication on a regular basis?
If yes, provide the details requested below:

Medication				<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Purpose	Dosage Amount	Dosage Schedule	Prescribing Physician	Physician Phone #

Do you have an Emergency Plan? (Seizure plan, diabetes, allergies, etc.) If yes, please attach plan or explanation.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you wear glasses or contacts? If yes, please explain the nature of his/her vision impairment:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you use any devices or aids to assist with his/her hearing? If yes, please explain the nature of his/her hearing impairment:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the intern use sign language or any other nontraditional form of communication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do parents/guardians/family members use sign language, interpreter or any other nontraditional form of communication?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Transportation Planning		
Do you hold a valid driver's license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you plan to use public transportation to work? (Metro Access, RTA, Uber, Cab Company, etc)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, what public transportation do you plan to utilize?		
Will a family member provide transportation to the workplace for Project SEARCH? If yes, who?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you currently use public transportation without assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Intern Response Question (This should be completed by student or scribed using their own words)

Please use this space to describe why you want to participate in Project SEARCH and your future career goals. (You may use an additional sheet if needed or attach a typed document)

List Three References (Non-related):

	Name	Relation to you	Phone Number	Email Address
1.				
2.				
3.				

I agree to the release of all pertinent school records, Developmental Disabilities eligibility documentation, and medical records to the Kennedy Krieger Institute Project SEARCH personnel and the Application Screening Committee members.

Student Signature	Date
Parent Signature	Date
Signature of Legal Guardian	Date

I UNDERSTAND THAT IF I AM ACCEPTED INTO THE PROGRAM, I am agreeing to make a nine month commitment to participate in the program and that one or more of the following may be required per training sites' policies, procedures and regulations: a TB test, flu shot, and completed background check *(including fingerprinting)*.

Student Signature	Date
Parent Signature	Date
Signature of Legal Guardian	Date

The Following must be completed and sent with the application:

- ☐ Completed Application Packet
- ☐ Current Individual Education Plan (IEP) including Transition Goals (if applicable)
- ☐ Work Based Learning Evaluation (if applicable)
- ☐ High School Transcript (or most recent High School Record)
- ☐ Transcript or completion certificate from any other formal training (if applicable)
- ☐ Attendance Record (if applicable)
- ☐ Copy of Immunization Records
- ☐ Copy of Behavior plan (if applicable)
- ☐ Copy of Emergency plan (if applicable)
- ☐ Developmental Disability Eligibility Documentation (if applicable)
- ☐ Department of Rehabilitation Services (DORS) Eligibility Documentation (if applicable)
- ☐ Include a picture