

Application Packet: Adult Program

Project Search Iowa

Iowa State University



Iowa
Vocational
Rehabilitation
Services

Finding solutions. Generating success.

Name: _____

APPLICATIONS DUE June 6, 2016

Selection Process Guidelines:

All applicants must complete this packet of information completely to be considered for participation in the Project SEARCH program.

Return completed Application Packet to:

Lauren Wernau
Project SEARCH
Instructor
The Arc of Story County
130 S. Sheldon Ave., #302
Ames, IA 50014

Questions?

arcdirector@thearcstory.org
515-232-9330

Criteria for Program Participation

Applicant **must:**

- Be 18-30 years of age.
- Have a high school diploma or GED.
- Have an ID (Intellectual Disability) or DD (Developmental Disability) diagnosis.
- Qualify for Vocational Rehabilitation funding.
- Have independent personal hygiene and grooming skills.
- Have independent daily living skills.
- Maintain appropriate behavior and social skills in the workplace without immediate supervision.
- Take direction from supervisors.
- Be able to communicate effectively (may be other than verbal).
- Be willing to explore transportation options *and* train for independent travel if necessary.
- Be able to pass drug screen and criminal background check, be up-to-date on immunizations, and be willing to comply with health screening requirements of host business.
- Have a desire and a goal to work competitively in the community at the conclusion of the Project SEARCH business.

Application for Admission

Guardian information if applicable and different from parent information:

Name: _____ e-mail: _____

Address: _____
Street
City
Zip Code

Home Phone: _____ Cell: _____ Work: _____

What are you doing currently? _____

References – list three (3):

	Name	Type of Reference	Phone Number	Email Address
1.		(school or agency)		
2.		(community or work)		
3.		(community or work)		

Application for Admission

Future Employment & Background:

1. Do you want to be employed in the community upon completion of Project SEARCH:

Full-time

Part-time

2. List past jobs you've had (can include volunteer work or work experiences through school program):

Employer/Job Title	Job Duties	Supervisor Name/ Contact Number
Employer	1. 2. 3. 4.	Supervisor Name:
Job Title:		Contact Number:
Dates there: from _____ to _____	Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>	
Employer	1. 2. 3. 4.	Supervisor Name:
Job Title:		Contact Number:
Dates there: from _____ to _____	Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>	
Employer	1. 2. 3. 4.	Supervisor Name:
Job Title:		Contact Number:
Dates there: from _____ to _____	Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>	
Employer	1. 2. 3. 4.	Supervisor Name:
Job Title:		Contact Number:
Dates there: from _____ to _____	Paid <input type="checkbox"/> Unpaid <input type="checkbox"/>	

3. Have you ever quit or been fired from a job?

Yes No

*If yes,
please
explain:*

Case Management Agency/MCO Provider:

1. Do you have a **Case Manager**?

Name: _____

Agency: _____

Phone number: _____

Email: _____

2. Are you working with Vocational Rehabilitation? ____ Yes
____ No

If yes, who is your counselor? _____

2. Are you eligible for Medicaid (Title 19) services?

Yes

No

3. Do you receive support from other agencies (i.e. SCL services or other)

Yes

No

Agency/ Type of Service: _____

Phone Number: _____

Applicant Questions:

1. Why do you want to come to Project SEARCH? (Complete in your own words; if someone is assisting you, have them write your response in your own words).

2. Please see the Project SEARCH schedule below. Are you able to participate in this schedule on a daily basis (Monday-Friday)?

Yes

No If no, please explain:

Project SEARCH Daily Schedule	8:30am-9:30am	Classroom instruction at the business site
	9:30 am- 2:00 pm	Internship (half hour lunch during this time)
	2:00pm - 2:30pm	Reflection and recap of internships in classroom

Transportation:

1. I have reliable transportation to get to work.
2. I have my own car, driver's license and insurance.
3. I know how to use public transportation.
4. I'm willing to learn to use public transportation.
5. I use a door-to-door para-transit system independently and can make my own appointments.
6. I use a door-to-door para-transit system and a family member/other person helps to make the appointments.

Application for Admission

Strengths and areas of need:

Please describe what you feel your greatest strengths are (i.e., what things you are particularly good at doing).

What things keep you from getting a job?

Employment Interests:

What kinds of work are you interested in pursuing?

Comments/Additional Information:

Please share with us any additional information about yourself that you would like us to know.

Applicant

Signature: _____

Date: _____

Parent

Signature: _____

Date: _____

Guardian

Signature: _____

Date: _____

(if applicable and different from parent)

Thank you for your time and effort in completing this application--

Please make sure you have completed everything!