PROJECT SEARCH
APPLICATION
2022-2023

The Arc
Story County

Iowa Vocational Rehabilitation Services
APPLICATIONS DUE APRIL 20, 2022

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:

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

QUESTIONS?
**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 a 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.
Information for Applicant and Parent/Guardian:

Equal Opportunity: Project SEARCH acceptance will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

Applicant Personal Data:
Name: _________________________________________________________________

Last               First               Middle

Address: _______________________________________________________________

Street               City, State               Zip Code

Social Security Number: ______________________     Title XIX: ______________________

Home Phone: _______________________
Cell Phone: _______________________

Email: ________________________________________________________________

Date of Birth:  ____/____/______

mm              dd              yyyy

Circle one:    Male               Female

Are you your own guardian?   Yes      No

If the answer is no, who is your legal guardian? ________________________________

Medication List:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Allergies:

________________________________________________________________________
Because you will be working in various departments across campus, are you vaccinated against COVID-19? Your vaccination status will not impact your acceptance into the program. yes • no •

Some departments across campus may require or highly suggest the use of masks. Are you able to wear an appropriate face covering for extended periods of time? yes • no •

**Parent Information:**

Name: ___________________________     Email: ______________________________

Address: _______________________________________________________________

Street

City, State

Zip Code

Home Phone: ________________  Cell: ________________  Work: ________________

**Guardian information if applicable and different from parent information:**

Name: ___________________________     Email: ______________________________

Address: _______________________________________________________________

Street

City, State

Zip Code

Home Phone: ________________  Cell: ________________  Work: ________________
APPLICANT
What are you doing currently?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

References:
Reference 1:
Name: ___________________________  Type of Reference: _____________________
(school or agency)
Phone number: ____________________  Email: _____________________________

Reference 2:
Name: ___________________________  Type of Reference: _____________________
(community or work)
Phone number: ____________________  Email: _____________________________

Reference 3:
Name: ___________________________  Type of Reference: _____________________
(community or work)
Phone number: ____________________  Email: _____________________________
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):

   A. Employer: ____________________________  Job Title: ____________________________
      Job Duties: 1.  
      2.  
      3.  
      4.  
      Supervisor Name: ____________________________  Contact number: ____________________________
      Dates there: from ___________ to ____________  Paid •  Unpaid •

   B. Employer: ____________________________  Job Title: ____________________________
      Job Duties: 1.  
      2.  
      3.  
      4.  
      Supervisor Name: ____________________________  Contact number: ____________________________
      Dates there: from ___________ to ____________  Paid •  Unpaid •

   C. Employer: ____________________________  Job Title: ____________________________
      Job Duties: 1.  
      2.  
      3.  
      4.  
      Supervisor Name: ____________________________  Contact number: ____________________________
      Dates there: from ___________ to ____________  Paid •  Unpaid •

3. Have you ever quit or been fired from a job? yes •  no •
   If yes, please explain:
   ____________________________________________
   ____________________________________________
   ____________________________________________
4. Did you have a one-on-one associate or aide in high school? yes • no •

5. Did you have a behavioral goal on your IEP? yes • no •
   a. If yes, please explain: _____________________________
   ________________________________________________
   ________________________________________________

6. Did you have an FBA or a BIP? yes • no •
   a. If yes, please explain: _____________________________
   ________________________________________________
   ________________________________________________

7. Can we contact your current or previous special education teacher? yes • no •
   Name: ________________________________
   School: ______________________________
   Email: ________________________________
   Phone number: ________________________

**Technology Use:**

Indicate which of the following you have experience using by checking the box next to the program.

- [ ] Google Docs/Microsoft Word
- [ ] Google Slides/Powerpoint
- [ ] Google Sheets/Excel
- [ ] Email
Have you ever had restrictions placed on you by teachers or parents? Please mark the box if you have had restrictions on the following:

□ Email
□ Phone
□ Social Media
□ Instant Messaging
□ Online Games

Please explain for the items marked. _______________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Case Management Agency/MCO Provider:
Do you have a Case Manager?
   Name: ______________________________
   Agency: _____________________________
   Phone Number: _______________________
   Email: _______________________________

Are you working with Vocational Rehabilitation?  yes •    no •
   If yes, who is your counselor? __________________________

Are you eligible for Medicaid (Title 19) services?
   yes •    no •

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