

# **River Falls Area Hospital, Part of Allina Health-Project SEARCH STUDENT APPLICATION 2017-2018 School Year**

## **Application Purpose and Guidelines:**

The purpose of this application is to outline the skill-set of the Project SEARCH candidate. This application enables the Selection Committee to properly assess each candidate's skills, abilities and background. A parent, the candidate, 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 the outcome of community employment.

## **Selection Process Guidelines, Due Dates, Class Size Goal:**

1. All students are encouraged to attend the November 15, 2016 Open House for Project SEARCH at the River Falls Area Hospital.
2. Application Due Date:
  - a. Submit the completed application by **December 23, 2016** to the Project SEARCH Selection Committee.
3. The Selection Committee will review the applications. The Project SEARCH Instructor will notify applications of their acceptance status. Accepted applicants will be asked to attend an Application Interview Night.
4. Selection Committee may include the Project SEARCH Instructor, representatives from River Falls Area Hospital, part of Allina Health, Department of Vocational Rehabilitation (DVR) Counselors and/or representatives, and other agency/school representatives.

## **Order of Selection Will Be:**

1. Student must be 18-24 years of age (some exceptions may apply). Adults with IRIS or ContinuUs ages 18-24 are eligible to apply.
2. Student must have completed the necessary credits to graduate from their home school district. With this, they are preparing to graduate from high school at the end of the 2017-2018 school year.
3. Ultimate goal is for student to obtain competitive employment upon completion of Project SEARCH. ( 16 hours per week or more)

The River Falls Area Hospital Allina Health Project SEARCH is supported by the River Falls Area Hospital, part of Allina Health, Bridge for Youth with Disabilities, Department of Vocational Rehabilitation (DVR), River Falls School District, Ellsworth School District and School Districts of Pierce and St. Croix Counties, ContinuUs and IRIS.

Project SEARCH was developed in 1996 by Nurse J. Erin Riehle, then the Director of the Emergency Department at Cincinnati Children's Hospital Medical Center. As the flagship program, Cincinnati Children's Hospital provides technical assistance for replication and overall leadership to Project SEARCH worldwide.  
[www.projectsearch.us](http://www.projectsearch.us)

**Application Checklist**

**Applicants Name:**

	Completed Application and Parent/guardian information sheet
	One (1) Letter of Recommendation (non-family member)
	Copy of Shot/Immunization Records
	Consent to Release School Records
	Consent to Release Information from IRIS, DVR, Parents, ContinuUS  <hr/> <b><u>These are items Project SEARCH will be requesting from the school.</u></b>
	School District Teachers Name: _____ Teacher Assessment
	Current Individual Education Plan (IEP) including Transition Goals
	High School Transcripts

**\*\*Turn in completed application by December 23, 2016**

**Questions can be submitted to:**

**Fabreann Buffington**

**1629 east Division Street**

**River Falls, WI 54022**

**Email: [fabreann.buffington@rfsd.k12.wi.us](mailto:fabreann.buffington@rfsd.k12.wi.us)**

**Phone: 715-307-6023**

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\_\_\_\_\_ *Adult out of School*

\_\_\_\_ *School District of* \_\_\_\_\_

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**Application Due Date: December 23, 2016**

**Project SEARCH Application**

**A.**

**Personal Data**

**Student**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

School Currently  
Attending:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Choose One:  Male  Female  
(optional)

**Parent/Guardian**

Name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**B. Parent/Student Information:**

1. 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: \_\_\_\_\_

**D. Transportation-How will you arrive at the Project SEARCH site?**

**Please Circle one.**

1. My parents will drive me.
2. I can use public transportation.
3. I will drive myself (I have a valid driver's license).
4. School will transport.

**E.**

**Medications: Is the applicant taking any medications. Please list name, dosage and frequency of medications.**

**F. Future Employment & Background:**

1. How do you want to be employed in the community upon completion of Project SEARCH?

Full time  Part time

2. Would you be willing to work holidays and/or weekends?

Yes  No

3. 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? \_\_\_\_\_

4. List jobs you do or have done in school or in the community (Include Work Experience Programs that you participated in while in high school and other volunteer jobs).

Employer/Job Title	Job Duties	Supervisor Name / Contact Number	Paid / Unpaid
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5. Have you ever been fired from a job?

Yes  No

If yes, please explain:

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6. Have you ever quit a job?

Yes  No

If yes, please explain:

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**G. Service Agencies:**

1. Do you have a Vocational Rehabilitation Counselor (DVR)?

Yes  Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

No

2. Are you eligible and have a Case Manager from the Aging and Disabilities Resource Center (ADRC) and/or ContinuUs or IRIS?

Yes  Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

No

3. Do you currently receive Social Security benefits (SSI/SSDI)?

Yes  Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

No

**H. Student Response Question:**

Why do you want to participate in Project SEARCH? (Complete in your own words and/or person assisting will write the responses in the students own words)

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Please see the Project SEARCH schedule below. Are you able to participate in this schedule on a daily basis? River Falls Project SEARCH follows the River Falls School District calendar schedule.

Yes

No  If no, please explain:

Project SEARCH During Internships	7:55am — 8:00am	Arrival and walk to classroom
	8:00am — 8:55am	Classroom Instruction /Job Skill Development
	9:00am—2:00pm	Work Sites-Breaks and Lunches scheduled per trainer
	2:00pm — 2:30pm	Return to Classroom Reflection with instructor/self-evaluation Further Job Skill Development

**I. References - List Three (3)**

Name	Type of Reference	Phone Number	Email Address
	Family Reference		
	School Reference		
	Other Community or Agency Reference		

**\*Attach a letter of recommendation from a non-family member to this packet.**

**J. The person assisting the student to complete this application is (if applicable):**

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Name	Title	Date
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Organization	Phone Number	Email contact
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Signature of person assisting the student

**Parent or Guardian Assessment**

**Applicant's Name:** \_\_\_\_\_

**Dear Parent or Guardian:**

We appreciate your honesty when filling out this information to help us appropriately evaluate the above person. Please mark N/A for items that you are unsure of and add additional notes as appropriate.

**If you have any questions about this assessment please contact Fabreann Buffington at 715-307-6023 or email [fabreann.buffington@rfsd.k12.wi.us](mailto:fabreann.buffington@rfsd.k12.wi.us)**

Parent or Guardian Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**\*Please return this assessment to the Project SEARCH Attn: Fabreann Buffington in a sealed envelope to be submitted as part of his/her application packet.**

**A. Commitment to Community Employment**

- Applicant wants to get a job.
- Applicant's family supports the goal of competitive community employment for the student. (16 hours per week of employment)
- Applicant has an original Social Security Card.
- Applicant has a State ID or a Drivers license as a picture ID.
- Applicant can pass a pre-employment drug screen.
- Applicant can pass a criminal background check.
- Applicant can be contacted by phone.
- Applicant receives SSI and/or SSDI or other forms of public assistance.

**B. Appearance, hygiene and Professional Presentation**

The Applicant will arrives at school and/or work daily with:

- Clean and combed hair
- Clean clothes
- Bathroom independently (wiping, regulating, pulling up clothing)
- Brushed teeth/oral hygiene
- Wears appropriate clothing for the weather
- Follows school dress code



**C. Appropriate Social and Behavior Skills**

- Applicant does not engage in flirting, inappropriate touching or public displays of affection such as holding hands, hugging, or kissing.
- Applicant does not swear or use profanity in a school or work setting.
- Applicant shows respect to his or her peers and adults.
- Applicant works cooperatively with others.
- Applicant accepts correction and criticism without a negative reaction.
- Applicant has lost his/her tempers in a school or work environment.
- Applicant **has** displayed aggressive behavior in a school or work setting:
  - A)  screaming or yelling
  - B)  hitting/punching
  - C)  spitting
  - D)  kicking
  - E)  fighting

**D. Interpersonal Communication**

- What is the best way for the student to communicate? \_\_\_\_\_
- Applicant responds when someone speaks or asks questions.
- Applicant uses appropriate body language in his /her environment.
- Applicant does not use inappropriate hand gestures.
- Applicant respects personal space.
- Applicant uses appropriate body language in his/her environment.

**E. Production Rate and Work Quality**

- At work or at school, applicant gets all tasks finished on time and turns things in by the due date.
- At work or at school, applicant has difficulty getting all tasks finished or turned in by the due date.
- At school or work, applicant gets most of the tasks correct.
- At school or on the job the applicant work is organized and neat.

**F. Employability Skills**

- Applicant gets to school, work or other appointments on time and independently.
- After lunch or a break, applicant returns to class or work on time.
- Applicant knows how to tell and keep track of time.
- Applicant stays on a task until it is finished.
- If interrupted, applicant can return to the task and finish it.
- Applicant can access the necessary information to fill out job applications.
- Applicant knows how to answer common interview questions.

Please list accommodations the applicant has used in the classroom or work environment that has been successful.

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1. Please list ways that helps the student to learn best or tools that best work for the applicant.

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**G. Computer/Electronic Skills**

- Applicant has **no** computer skills.
  
- Applicant has basic keyboarding skills and uses correct typing techniques.
- Applicants can use Microsoft **Word** to create letters and other documents.
- Applicant can use Microsoft **Excel** to create spreadsheets and other documents.
- Applicant can use Microsoft **Publisher** to create cards, newsletters, flyers and other documents.
- Applicant can use email correctly.
- Applicant can access the internet to get information.
- Applicant can uses a cell phone independently to dial and talk to others.

**H. Problem Solving & Conflict Resolution**

- Applicant is able to recognize a social problem or situation and work to solve the problem independently.
- Applicant is able to request assistance with a social problem or situation when necessary.
- Applicant is able to brainstorm or list possible solutions to a social problem.
- Applicant is able to handle conflicts in a mature manner.
- Applicant is able to understand constructive criticism of his/her work.

**I. Comments**

Please share any information about the applicant that you think is relevant to the applicant's participation in this program.

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Please list applicants extracurricular activities

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**\*\*\*\*\*Please attach current transcript.**

Please contact me if you have any questions or concerns:

Fabreann Buffington

Project SEARCH Instructor

715-307-6023 or [fabreann.buffington@rfsd.k12.wi.us](mailto:fabreann.buffington@rfsd.k12.wi.us)

Thank you!

## Consent for Release of School Records

I, \_\_\_\_\_ (parent/or adult student), hereby give consent for the Project SEARCH selection committee to gather and review school documents (including IEP, transcripts/grades, behavior/disciplinary records and attendance records) for the sole purpose of consideration for the Project SEARCH at River Falls Area Hospital, part of Allina Health.

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**Student Signature**

**Date**

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**Parent/Guardian Signature**

**Date**

School District: \_\_\_\_\_

Special Education Teacher: \_\_\_\_\_

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