



# Project | SEARCH®

Application for Project SEARCH at Jefferson Health  
2021-2022 Program Year

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

[yaleschoolnj.com/about/project-search](http://yaleschoolnj.com/about/project-search)

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**APPLICATION FOR ADMISSION**

**A. APPLICANT PERSONAL INFORMATION:**

Name:

\_\_\_\_\_

Last

First

Middle

Address:

\_\_\_\_\_

Street

City

Zip Code

Applicant E-mail:

\_\_\_\_\_

Applicant Home Phone:

\_\_\_\_\_

Applicant Cell Phone:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male

Female

Social Security Number (last 4 digits): \_\_\_\_\_

Classification: \_\_\_\_\_

Applicant lives with \_\_\_\_\_ Relationship \_\_\_\_\_

School District of Residence:

\_\_\_\_\_

District Case Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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**B. PARENT/GUARDIAN\* PERSONAL INFORMATION (To be filled out by parent/guardian)**

Parent/Guardian #1:

\_\_\_\_\_

Address:

Street	City	Zip Code
_____	_____	_____

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name and address of employment:

\_\_\_\_\_

Parent/Guardian #2:

\_\_\_\_\_

Address:

Street	City	Zip Code
_____	_____	_____

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name and address of employment:

\_\_\_\_\_

\*Have you been granted legal guardianship by your county's surrogate court?

Yes       No

Scope of Guardianship:

Personal       Financial       Both       Not sure

If yes, please attach a copy of the official letter from the Surrogate's Court as part of the transition paperwork process.

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**C. SCHOOL AND COMMUNITY SUPPORT**

**Check all boxes that apply.**

I receive Related Services through my school district

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Other

*Note: Related Services are only available on a consult basis once the student is enrolled in a Project SEARCH program*

- I have met with a representative from Division of Vocational Rehabilitation (DVR).
- I have an open case with DVR.\* Name of Counselor: \_\_\_\_\_  
Phone: \_\_\_\_\_
- I am eligible for DDD. Name of Support Coordinator: \_\_\_\_\_  
Phone: \_\_\_\_\_
- I am eligible for SSI Benefits.
- I have other supports in my life.  
Please list other names and phone numbers below

Name	Title	Phone Number

***\*If not currently registered with DVR, complete included DVR Referral Form.***



**D. STUDENT/PARENT INFORMATION:**

1. Acceptance into the Project SEARCH Program is dependent upon Selection Committee review.
2. Incorrect or incomplete information provided on this application could impact the student's ability to enter or complete the Project Search program.
3. Release: The student records concerning my son/daughter may be transferred to Y.A.L.E. School for review by the Project SEARCH program staff and Selection Committee Team Members.
4. Equal Opportunity: Career placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

❖ We have notified our sending school district case manager and have received approval to submit this application.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**E. STUDENT WORK HISTORY**

List jobs you do or have done in school or in the community. List most recent first:

Employer:	Job Duties	Job Coach on Site	Paid	Unpaid
Start Date:	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End Date:	2.			
Title:	3.			
Supervisor Name/Contact:				

Employer:	Job Duties	Job Coach on Site	Paid	Unpaid
Start Date:	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End Date:	2.			
Title:	3.			
Supervisor Name/Contact:				

Employer:	Job Duties	Job Coach on Site	Paid	Unpaid
Start Date:	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
End Date:	2.			
Title:	3.			
Supervisor Name/Contact:				

Have you ever been fired, laid off or asked to resign from a job?

Yes  No

If yes, please explain:

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Have you ever quit a job?

Yes  No

If yes, please explain:

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Please attach a resume, if you have one.

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**F. INDEPENDENT LIVING:**

Medications prescribed for student:

Medication	Dosage	Time of day

List any health or medical issues that may impact a successful job placement:

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Please mark and explain other challenges or limitations that impact your ability to keep a job.

- Communication and Interpersonal skills (ability to get along with others and communicate in an effective and mature manner in a professional work-place setting)
- Attention and Focus (can stay on task for a certain period of time)
- Work Tolerance (has the mental and physical stamina needed to complete work tasks)
- Self-Care (can fulfill basic needs related to health, safety, nutrition, grooming and money management)
- Mobility (can efficiently move from place to place)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please explain:

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**G. STUDENT RESPONSE QUESTION:**

**1. Why do you want to come to Project SEARCH?** *(Complete independently to the best of your ability)*

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**2. What are your hopes and dreams for employment?** *(Complete independently to the best of your ability)*

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**H. REFERENCES:**

**List Three Non-Family References (People who have first-hand knowledge of your work performance):**

	Name	Title	Phone Number	Email Address
1.				
2.				
3.				

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## Project SEARCH Student Self Preparation Assessment

**Dear Project SEARCH Applicant:**

Please fill out this checklist. If you need help, please ask your teacher or a parent. Fill out each section with information about yourself and your skills that will help us learn more about you. If someone else helps you, ask them to write down the answers in your own words.

### I. SCHOOL STATUS

**Check all boxes that apply.**

- I have all my credits for graduation.
- I still need the following classes in order to graduate. (Please list the classes still needed for graduation)
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- I still have one or more years of school eligibility.
- My school eligibility continues through:
  - The day I turn 22
  - The school year in which I turn 22

### J. COMMITMENT TO COMMUNITY EMPLOYMENT

**Check all boxes that apply.**

- I want to get a job.
- My family supports my goal of competitive community employment.
- I have an original Social Security Card.
- I have a State ID or a Driver license as a picture ID.
- I can pass a pre-employment drug screen.
- I can pass a criminal background check.
- I can be contacted through an answering machine or voice mail which has a business-like greeting.
- I have a businesslike email address that I check at least weekly.
- I receive SSI and/or SSDI or other forms of public assistance.
- I have had a benefits analysis and/or I understand the impact of earned income on the benefit.



**K. ATTENDANCE**

**Check the box that applies.**

- I have had no absences or lateness within the past school year.
- I have had 1 – 5 absences or lateness within the past school year.
- I have had 5 – 10 absences or lateness within the past school year.
- I have had 10 or more absences or lateness within the past school year.
- I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visits. (more than 20 days)
- If yes to 10 or more days:  
Reasons why I have missed so much school:

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- Total number of days absent: \_\_\_\_\_.

**L. INDEPENDENT DAILY LIVING AND SELF CARE SKILLS**

**Circle the number that most closely matches your competency.**

I need help with the following (from a parent, guardian, teacher or caretaker):

(-) I need a lot of help (+) I don't need much help

Cooking and nutrition	1	2	3	4	5
Budgeting	1	2	3	4	5
Handling Money/making change	1	2	3	4	5
Taking Medication	1	2	3	4	5
Daily Hygiene	1	2	3	4	5
Appropriate amount of sleep for school and work schedule	1	2	3	4	5

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**M. APPEARANCE AND PROFESSIONAL PRESENTATION**

**Check all boxes that apply.**

- I arrive at school and/or work daily with:
  - Clean and combed hair
  - Clean clothing
  - Brushed teeth/oral hygiene
- I wear appropriate clothing for the weather.
- I follow my school dress code.
- I am willing to follow the designated dress code of my employer including rules on:
  - Appropriate clothing
  - Shoes
  - Facial hair
  - Facial and body piercings
  - Tattoos
  - Jewelry
  - Fingernail polish and length (no gel or acrylic)
  - No cologne or perfume

**N. TRANSPORTATION**

**Check all boxes that apply.**

- I have reliable transportation to get to work.
- I have my own car, driver's license and insurance.
- I know how to use public transportation.
- I am willing to learn to use public transportation.
- I use a door-to-door or para-transit system independently and can make my own appointments.
- I use a door-to-door or para-transit system and a family member/other person helps to make the appointments.
- I have a family member/other person who is willing to provide on-going transportation.
- I am eligible for transportation assistance.
- Other transportation options \_\_\_\_\_



## O. APPROPRIATE SOCIAL AND BEHAVIOR SKILLS

Check all boxes that apply.

- I do not engage in inappropriate touching or public displays of affection such as holding hands, hugging, or kissing.
- I do not swear or use profanity in a school or work setting.
- I show respect to my peers and adults.
- I work cooperatively with others.
- I accept correction and criticism without a negative reaction.
- I do not lose my temper in a school or work environment.
- I do not display aggressive behavior in a school or work setting.  
(i.e. Screaming or yelling ,Hitting/Punching, Spitting, Kicking, Fighting)

## P. INTERPERSONAL COMMUNICATION

Check all boxes that apply.

- I respond when someone speaks or asks questions.
- I make eye contact.
- I use an appropriate tone of voice.
- I engage in appropriate conversation in a school or work environment.
- I use appropriate body language in the school or work environment.
  - No inappropriate hand gestures
  - Sitting appropriately in a chair / posture
  - Respecting personal space
- I use a cell phone and electronic equipment appropriately according to the school or business policy including refraining from talking and answering the phone, texting and listening to music.

## Q. VERBAL COMMUNICATION

Check all boxes that apply.

- I am easily understood by others.
- I sometimes have trouble getting my message across to others.
- I use adaptive equipment to communicate.
- I am willing to learn to use adaptive equipment to communicate if appropriate.
- I use an interpreter and/or use sign language to communicate.
- I talk about the same topics over and over again.



**R. RECREATIONAL ACTIVITIES**

**Check all boxes that apply.**

I participate in organized group activities:

- Sports \_\_\_\_\_
- Band
- Choir
- Theatre
- Scouts
- Church youth group
- Community recreation and/or Special Olympics
- Computer or electronic games
- Other

I like to exercise on my own (walking, running, biking, etc.)

I exercise \_\_\_\_\_ times each week for at least thirty minutes each time.

**Check all boxes that apply.**

I like sit-down activities such as:

- Computer or electronic games
- Watching television
- Reading
- Drawing
- Other

I have the following hobbies: \_\_\_\_\_

**S. PHYSICAL LIMITATIONS:**

**Check all boxes that apply.**

- I have difficulty walking.
- I need to use the following to help me walk/navigate:
  - Cane
  - Walker
  - Wheelchair
  - Scooter
  - Other
- I have limited use of my arms and/or hands.
- I have other physical limitations that may affect employment. Please list:

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**T. PRODUCTION RATE AND WORK QUALITY**

Check all boxes that apply.

- At work or at school, I get all my tasks finished on time and I turn things in by the due date.
- At work or at school, it is difficult to get all my tasks finished or turned in by the due date.
- At work or school I get most of the tasks correct.
- At school, with chores or at my job, my work is organized and neat.

**U. EMPLOYABILITY SKILLS**

Check all boxes that apply.

- I get to school, work or other appointments on time and independently.
  - After lunch or a break, I get back to class or work on time.
  - I know how to tell and keep track of time.
  - I stay on a task until it is finished.
  - If I am interrupted, I can return to the task and finish it.
  - I can access the necessary information to fill out a paper application.
  - I have experience filling out an on-line application.
  - I know how to answer common interview questions.
  - I can tell my boss or co-workers ways that I learn best or tools that help me be a good worker.
  - Please list ways that help you learn best or tools you use to be successful at school or on the job:
- 

**V. VOLUNTEER EXPERIENCE**

Check all boxes that apply.

- I have volunteered at my school.
  - I have volunteered in my community/church:  
\_\_\_\_\_
  - I do the following chores at home on a regular basis:  
\_\_\_\_\_
  - I have never volunteered.
  - Other: \_\_\_\_\_
- 

**W. ACADEMIC SKILLS**

Check all boxes that apply.

- My favorite subjects in high school were/are:  
\_\_\_\_\_
- I like to read books for pleasure. The last book I read was:  
\_\_\_\_\_
- I use a calculator when I do math problems or for everyday use.
- I like to read the newspaper and magazines for news, job hunting and other information.
- I like to write or keep a diary/journal.



**X. COMPUTER/ELECTRONIC SKILLS**

Check all boxes that apply.

- I have basic keyboarding skills and use correct typing techniques.
- I have basic keyboarding skills and use only two fingers (hunt and peck).
- I can use Microsoft Word/Google to create letters and other documents.
- I can use Microsoft Excel/Google to create spreadsheets and other documents.
- I can use Microsoft Publisher to create cards, newsletters, flyers, and other documents.
- I can use email correctly.
- I can access the internet to get information, find services such as MapQuest and use various search engines.
- I use a computer to play games, watch TV shows, listen to on-line streaming, etc.
- I have no computer skills.
- I use a cell phone to talk to others.
- I use a cell phone for texting.

**Y. SUMMARY**

Is there any other information you would like to share with the committee?

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**Z. PREPARER:**

**If this application has been completed by someone other than the student, please provide the following information and sign:**

Name	Title	Phone Number	Date

\_\_\_\_\_  
Signature





**Project SEARCH Admissions and Onboarding  
CONSENT FOR RELEASE OF INFORMATION  
February 2021 – August 2021**

As the parent/guardian of \_\_\_\_\_, I give my permission for the Project SEARCH at Jefferson Health Steering Committee members listed below to release, obtain and/or discuss information within the committee for the purpose of best meeting the educational, transitional, and employment needs of my son/daughter.

I understand that this information will remain strictly confidential among Steering Committee members, who may review and share the information to guide planning, develop strategies and identify resources. Information may include but is not limited to: a) assessment results in the student’s educational file, such as learning evaluations, vocational evaluations, other work-related assessments or interest inventories previously completed by the intern b) interview and intake information and results c) job performance information d) ) medical concerns that may impact attendance or safety e) circumstances that may affect emotional wellness or stability and require supports.

This consent will remain in effect for 6 months, which includes but is not limited to the interview and admissions period and the onboarding process. I understand that I may revoke this consent at any time by providing written notice to the Y.A.L.E. School at 2127 Church Road, Cherry Hill, New Jersey 08002.  
Att: Karen Huber, Clinical and Admissions Coordinator.

**SIGNATURE REQUIRED**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

- Members:
- Division of Vocational Rehabilitation (DVR)
  - Division of Developmental Disabilities (DDD)
  - Jewish Family & Children Services (JFCS)
  - Jefferson Health Staff Members
  - Y.A.L.E. Staff Members or Representatives
  - School District Staff Member or Representatives

c: Student File

**PHOTO RELEASE**

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Telephone (856) 482-5252  
 Fax (856) 779-7721  
[yaleschoolnj.com](http://yaleschoolnj.com)  
 2127 CHURCH ROAD  
 CHERRY HILL, NJ 08002

# Y.A.L.E. School

## Project SEARCH at Jefferson Health

I hereby consent to the use of \_\_\_\_\_'s name, image, photograph, or likeness by Y.A.L.E. School, Project SEARCH at Jefferson Health or their assignees or licensees, for the purpose of illustration, advertising, trade or publication, including, but not limited to school/hospital newsletter, slide presentations, video tapes and their use as outlined in the Student Parent Handbook, pamphlets/brochures, websites, or any other Y.A.L.E. School Project SEARCH at Jefferson Health related materials.

**SIGNATURE REQUIRED**

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date

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**CONFIDENTIAL REFERRAL FORM**

Vocational Rehabilitation Agencies assist individuals with disabilities to prepare for, obtain and/or keep suitable jobs. The rehabilitation services the agency can provide depend on the availability of State and Federal funds and on the availability of other programs and services. All individuals have the responsibility to: participate financially in their plan to the best of their ability; obtain services only with prior written approval; cooperate by using community services when they can be of help in the rehabilitation program; maintain regular contact with the VR agency counselor; and go to work when the VR program is completed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Previous Name (if any): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ NJ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you ever applied to DVRS before?  Yes  No If Yes, When? : \_\_\_\_\_

Referral Source Name/Organization: Y.A.L.E. School Project SEARCH at Jefferson Health

Disability: \_\_\_\_\_

Do you receive Social Security Benefits? SSI: \_\_\_Yes \_\_\_No SSDI: \_\_\_Yes \_\_\_No

Do you receive Welfare Benefits? GA: \_\_\_Yes \_\_\_No TANF: \_\_\_Yes \_\_\_No

FS: \_\_\_Yes \_\_\_No

Primary Language: \_\_\_\_\_

If records documenting disability are available, please include with referral to expedite eligibility process.

*To Be Completed by DVRS Staff:*

Comments: \_\_\_\_\_

Intake Appointment: \_\_\_\_\_

Counselor #: \_\_\_\_\_

Application  "00"

Revised 11/9/2020