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2127CHURCH ROAD

CHERRY HILL, NJ 08002



# Project | SEARCH®

## Application for Project SEARCH at Jefferson Health

### 2024-2025 Program Year

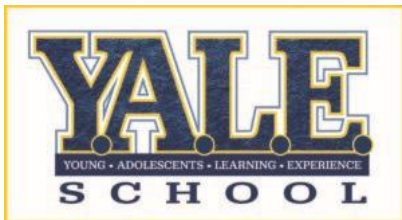
Name: \_\_\_\_\_

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

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

IN COLLABORATION WITH





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## APPLICATION FOR ADMISSION

### A. APPLICANT PERSONAL INFORMATION:

Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Street City Zip Code

Applicant E-mail: \_\_\_\_\_  
(Please create a professional G-mail account)

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

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

Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

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

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

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

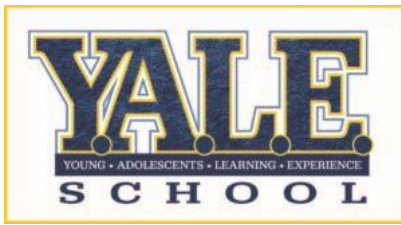
School District of Residence: \_\_\_\_\_

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

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

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

Parent/Guardian #1:

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Address:

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Street	City	Zip Code
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E-mail: \_\_\_\_\_

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

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

Name and address of employment:

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Parent/Guardian #2:

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Address:

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Street	City	Zip Code
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E-mail: \_\_\_\_\_

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

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

Name and address of employment:

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

☐ Yes

☐ No

Scope of Guardianship:

☐ Personal

☐ Financial

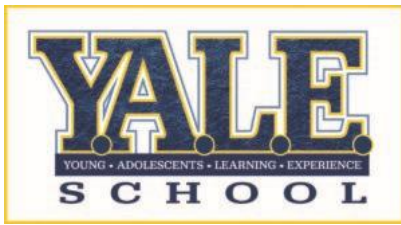
☐ Both

☐ 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. COMMUNITY SUPPORT

Check all boxes that apply.

- ☐ 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 have Medicaid.
- ☐ I am eligible for SSI or SSDI Benefits.

***\*Please complete DVR Referral Form.***

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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.

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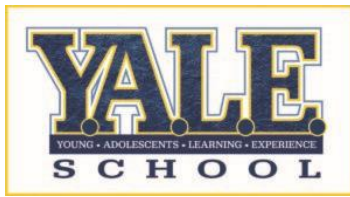
*To Be Completed by DVRS Staff:*

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

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

Counselor #: \_\_\_\_\_ ☐ Application ☐ "00"

Revised



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#### D. 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. (See Guidelines for more information about eligibility for students 18-21).
- ☐ My school eligibility continues through:
  - ☐ The school year in which I turn 21

#### E. ATTENDANCE

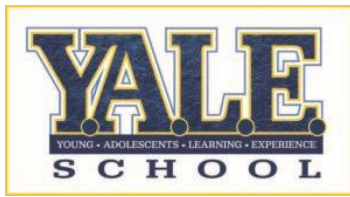
**Check the box that applies.**

- ☐ 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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**F. \_\_\_\_\_ WORK HISTORY**

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

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		
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:

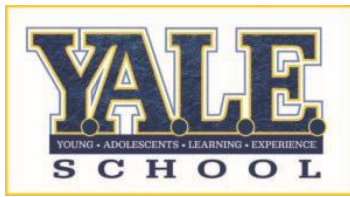
\_\_\_\_\_

Have you ever quit a job?

Yes ☐ No ☐

If yes, please explain:

\_\_\_\_\_



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**G. \_\_\_\_\_ REFERENCES:**

Student Name

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

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

**PLEASE ATTACH YOUR RESUME.**

**H. STUDENT WORK INTEREST**

The goal of Project SEARCH is for you to get a job where you:

- Work in an integrated setting. This means you work with people with and without disabilities.
- Are paid the typical wage for the job.
- Work at least 16 hours each week

Are you willing to work 16 or more hours a week in an integrated setting after you finish Project SEARCH?

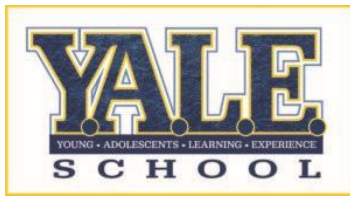
Yes ☐ No ☐

Where would you like to work after you finish Project SEARCH?

\_\_\_\_\_

Does your family support your work goals?

Yes ☐ No ☐



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## I. HEALTH INFORMATION

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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## J. PERSONAL STATEMENT

Please answer the following questions to the best of your ability. If someone else helps you, ask them to write down the answers in your own words. Use as much space as needed.

1. Why do you want to be a Project SEARCH intern?

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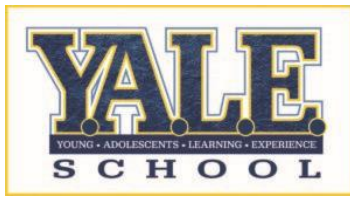
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2. What do you want us to know about you?

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## K. PROJECT SEARCH INTERN AGREEMENT

Do you or your parent/guardian have any concerns with signing the below contract if you are accepted?

Yes ☐ No ☐

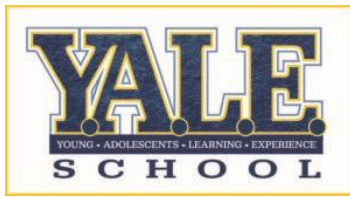
If yes, please explain:

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I have read the below terms and conditions and agree to accept my placement in the Project SEARCH program. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

I, \_\_\_\_\_, understand that I have been accepted into the Project SEARCH program and must abide by the following terms and conditions:

- I will complete all onboarding requirements of Jefferson Health including but not limited to a criminal background check, drug screen, immunizations, flu and COVID-19 vaccinations, physical, and IGRA blood test.
- Parent, caregiver, or support person agrees to attend 6 Employment Planning Meetings and to support the policies of the Project SEARCH at Jefferson Health program including but not limited to policies regarding transportation, attendance, and good hygiene and to support the intern's goal of employment in the community at the end of the program.
- I will complete three unpaid job rotations within Jefferson Health.
- I will attend the program every day for 6 hours per day (8:30 a. m – 2:30 p.m.), Monday through Friday.
- I understand that the Project SEARCH program follows the Y.A.L.E. School Project SEARCH calendar.
- I will contact my instructor and departmental supervisors when I am absent or tardy.
- I will adhere to Jefferson Hospital Attendance Policy and disciplinary procedures. Regular attendance is essential for success in learning the skills in each internship rotation. Interns not adhering to the attendance policy will be withdrawn from the program.
- I will provide my own transportation to Jefferson Health.
- I will follow all the policies and procedures established by Project SEARCH and Jefferson Health.
- I will dress according to the dress code and uniform requirements of the assigned host site and/or rotation.
- I will attend 6 Employment Planning Meetings during the program year with my PS Instructor, VR counselor, job developer, skills trainers, and family members. I will be an active participant and be forthcoming with information of my performance during each meeting.
- I understand that the desired outcome for me in Project SEARCH is full or part-time (no less than 16 hours per week) paid employment in the community.
- I will maintain scheduled meetings with the job developer or skills trainers from JFCS, be an active participant in pursuing employment, and utilize my family supports and community connections to obtain meaningful employment of 16 hours or more.



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**L. STUDENT/PARENT SIGNATURES:**

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.

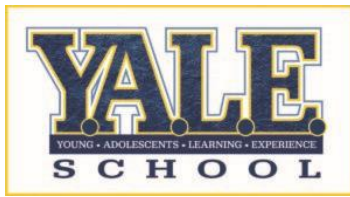
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**M. PREPARER:**

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

**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			



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Project SEARCH Admissions and Onboarding  
CONSENT FOR RELEASE OF INFORMATION

February 2024 – August 2025

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 18 months, which includes but is not limited to the interview and admissions period, the onboarding process and the program year. 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

## 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