700 W. Marlton Pike
Cherry Hill, NJ 08002
Phone: 609-500-8031
Fax: 856-520-8178

Novo Nordisk Project SEARCH

Adult Application

2026-2027 Program Year

Name: _____

Date Submitted: _____

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 ☐ Non-Binary

Social Security Number (last 4 digits):_____

B. EMERGENCY CONTACT INFORMATION (i.e. PARENT, GUARDIAN, SUPPORT PERSON)

(You may include more than one.)

Name:
_____

Address:
_____
Street City Zip Code

E-mail: _____

Cell/Home Phone:
_____

Work Phone:
_____

*Has this individual or someone else been granted legal guardianship by the County Surrogate Court?

☐ Yes ☐ No

Scope of Court-Approved Guardianship:

☐ Personal ☐ Financial ☐ Both ☐ Not sure

If yes, please attach a copy of the official letter from the County Surrogate Court.

C. APPLICANT EDUCATION HISTORY

High School	Address	Number of years	Graduation Date
College	Address	Major	Did you earn a degree or certificate?
			☐ **Yes Date: ____** ☐ **No**

D. APPLICANT WORK HISTORY

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

Start Date:	Employer:		Paid Employment:	☐ **Yes** ☐ **No**
	Supervisor:		Contact Number:	
End Date:	Task 1:		Task 2:	
	Task 3:		Task 4:	

Start Date:	Employer:		Paid Employment:	☐ **Yes** ☐ **No**
	Supervisor:		Contact Number:	
End Date:	Task 1:		Task 2:	
	Task 3:		Task 4:	

Start Date:	Employer:		Paid Employment:	☐ **Yes** ☐ **No**
	Supervisor:		Contact Number:	
End Date:	Task 1:		Task 2:	
	Task 3:		Task 4:	

Have you ever been fired, laid off or asked to resign from a job? If yes, please explain:

_____
_____
_____
_____
_____
_____

Have you ever quit a job? If yes, please explain:

_____
_____
_____
_____
_____
_____

E. _____ REFERENCES:

Applicant Name

List Three Non-Family References (People who have <u>first-hand knowledge</u> of your work performance):

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

PLEASE ATTACH YOUR RESUME.

F. APPLICANT WORK INTEREST

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

- Work in an integrated setting (with and without people with 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

What type of work would you like to do after you finish Project SEARCH?

_____

Does your family support your work goals?

☐ Yes ☐ No

G. INDEPENDENT LIVING:

Medications prescribed for applicant:

Medication	Dosage	Time of day

Use more space if needed.

List and explain any health or medical issues that may impact the successful completion of Project SEARCH or affect a job placement after Project SEARCH:

_____
_____
_____
_____
_____
_____

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:

_____
_____

H. APPLICANT RESPONSE QUESTION:

1. **Why do you want to come to Project SEARCH?** (*Complete in your own words or have someone write your thoughts for you, using your own words*)

2. **What else would you like us to know about you?**

(Use more space if needed)

I. COMMUNITY SUPPORTS

Check all boxes that apply.

I receive the following services:

□ I am registered with DVRS. Name of Counselor:

_____

(Please fill out the form on the next page.)

□ I am eligible for DDD. Name, email address, and phone # of Support Coordinator:

_____

_____

□ I am eligible for SSI Benefits

□ I have an Individual Support Plan (ISP) and am eligible for funding from my DDD Employment Day budget.

□ Who else helps to support you in life?
Please list other names and phone numbers below

Name	Title	Phone Number

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 **If Yes, When? :** _____

Referral Source Name/Organization: **Y.A.L.E. Clinic Project SEARCH at Novo Nordisk**

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"**

Project SEARCH Admissions and Onboarding
CONSENT FOR RELEASE OF INFORMATION
February 2026 – March 2028

I_____, and my parent/guardian, give permission for members of the Novo Nordisk Project SEARCH Steering Committee listed below, and the Y.A.L.E. Clinical and Admissions Coordinator, to review, exchange, and discuss information I have submitted with this application, and any other records or assessments I may be asked to provide from professionals familiar with my employment, social, emotional, or behavioral needs, for the purpose of determining my readiness for Novo Nordisk Project SEARCH. This consent also enables the Y.A.L.E. Clinical and Admissions Coordinator to speak directly with any providers I, or my parent/guardian authorize, to provide additional information if requested by the Steering Committee to reach an admission decision.

I understand that this information will remain strictly confidential among Steering Committee members and the Y.A.L.E. Clinical and Admissions Coordinator, and will be used to guide planning, develop strategies, and identify resources consistent with my individual needs. Records may include but are not limited to DDD materials such as the Person-Centered Planning Tool (PCPT), Individual Service Plan (ISP), NJCAT Assessment report, employment and job performance records from NJ DVRS, Steering Committee interview and assessment results, educational and vocational evaluations, and physician or other service provider/ specialist reports in the case of conditions that may impact attendance, safety or workplace accommodations.

The consent will remain in effect for 25 months, which includes, but is not limited to, the interview and assessment period, the onboarding process, the program year, and job development period. I understand that I may revoke this consent at any time by providing written notice to the Y.A.L.E. Clinic 700 W. Marlton Pike Cherry Hill, NJ 08002.

ATT: Karen Huber, Clinical and Admissions Coordinator.

SIGNATURE REQUIRED

_____

Guardian Signature (if applicable) Date

_____

Applicant Date

Members: Division of Vocational Rehabilitation (DVRS)
Division of Developmental Disabilities (DDD)
Best Buddies, International
Novo Nordisk Staff Members
Y.A.L.E. Clinic Staff Members or Representatives

C: Intern File

J. 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:

_____
_____
_____
_____

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 plan with my support coordinator to revise my ISP and designate funding from my DDD Employment Day budget to meet Project SEARCH tuition costs.
- I will complete all onboarding requirements of Novo Nordisk and the Project SEARCH program, including but not limited to photo/media release, records release, and criminal background check.
- I will complete three unpaid job rotations within Novo Nordisk.
- I will attend the program every day for 6 hours per day (8:45 a. m – 2:45 p.m.), Monday through Friday.
- I understand that the Project SEARCH program follows a ten-month calendar from September through June.
- I will contact my instructor and departmental supervisors when I am absent or tardy.
- I will adhere to the Novo Nordisk 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 Novo Nordisk.
- I will follow all the policies and procedures established by Project SEARCH and Novo Nordisk.
- 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, support coordinator, 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 Best Buddies, be an active participant in pursuing employment, and utilize my family supports and community connections to obtain meaningful employment of 16 hours or more.
- Parent, caregiver, or support person agrees to attend 6 Employment Planning Meetings held during the 2026-2027 program year and to support the policies of the Project SEARCH at Novo Nordisk 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 understand that incorrect or incomplete information provided on the Project SEARCH application could impact my ability to enter or complete Novo Nordisk Project SEARCH.
- Release of Information: My records, including but not limited to DDD materials such as the Person-Centered Planning Tool (PCPT), Individual Service Plan (ISP), NJCAT Assessment report, employment and job performance records from NJ DVRS, Steering Committee interview and assessment results, educational and vocational evaluations, and physician or other service provider/ specialist reports in the case of conditions that may impact attendance, safety or workplace accommodations, may be transferred to Y.A.L.E. Clinic for review by the Y.A.L.E. Clinic Admissions Coordinator and by the Project SEARCH program staff and Steering Committee Members.
- Equal Opportunity: Career placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

K. APPLICANT/PARENT SIGNATURES:

a. Acceptance into the Project SEARCH Program is dependent upon Selection Committee review.

b. Incorrect or incomplete information provided on this application could impact the individual's ability to enter or complete the Project SEARCH program. This information includes but is not limited to signing the photo/media release, records release, and disclosing any medical or other conditions that could impact the intern's ability to complete the program or enter employment.

c. Release: Applicant's records may be transferred to Y.A.L.E. Clinic for review by the Y.A.L.E. Clinic Admissions Director, Project SEARCH program staff and Selection Committee Team Members.

d. Equal Opportunity: Career placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

L. 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 _____

M. SUBMITTING THE APPLICATION:

1. Before submitting the application, applicants and their parents should review the Applicant Guidelines document found on the website and provided at information sessions.

2. The completed application packet with supporting documents should be submitted by February 1, 2026, either by email or by U.S. Mail.

3. Return completed packet to:

Y.A.L.E. Clinic

Attention:
Karen Huber, Admissions / Clinical Services Coordinator

khuber@yaleschoolnj.com

2127 Church Road
Cherry Hill, NJ 08002

(856) 482-5252, Ext. 14150

Application Timeline for the 2026 - 2027 Program Year

November 12, 2025 or January 22, 2026- In person Information Sessions

February 1, 2026 - Completed Applications, DVR referrals and Release of Information forms due for priority consideration.

March 2026 - Division of Vocational Rehabilitation Services (DVRS) Counselors open eligible cases

March 2026 (or before) - Applicant meets with DDD Support Coordinator to discuss allocating funding from the DDD Employment Day Budget for Project SEARCH tuition.

March 2026 - Assessment & Interview Day

April 2026 - Acceptance letters mailed.

May 2026 - Project SEARCH Family Meetings

May 2026 - Meet with Support Coordinator to revise ISP and develop SDR.

June – August - Onboarding and Transportation Training

September 2026 - Welcome & Signing Day Event

September 2026 - Program Begins

Novo Nordisk Project SEARCH Program

Photograph, Video and Media Release Form

I, _____ (print applicant's name) the undersigned, and my parent/legal guardian grant permission to Y.A.L.E. Clinic and Novo Nordisk Inc., their marketing and public relation agencies/agent(s), television and/or online media partners, their employees, agents, assignees, licensees and their authorized representatives to use photographs, video recordings, and audio recordings of me.

I grant permission to the rights of my image, likeness or sound of my voice as photographed and videotaped without payment or any other consideration. I understand that my image may be edited, copied, blurred, cropped, distorted, altered, exhibited, published and/or distributed, whether intentional or otherwise, that may occur in the production and/or taking of the images and/or recordings, and I waive the right to inspect or approve the finished product wherein my likeness and/or recordings appear. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

Photographic, audio or video recordings may be used for the following purposes:

- General Use: for the purpose of information, educational presentations or courses, informational presentations, illustration, advertising, trade or publication, including, but not limited to Y.A.L.E. Clinic and Novo Nordisk newsletters, slide presentations, video, and social media content as well as their use as outlined in the Clinic Handbook/pamphlets/brochures, websites, or any other Clinic and/or Novo Nordisk related materials;
- Marketing & Advertising: Including but not limited to brochures, flyers, websites, social media platforms, email campaigns, and all digital and print marketing materials;
- Public Relations: Media outlets such as newspapers, magazines, radio, television, and online publications, as well as all media partners;
- Website & Social Media: Photographs, audio recordings and videos featuring me, may be posted on their websites and any social media accounts; and
- Television and Online Media: Broadcasting on TV channels or through online platforms, including but not limited to interviews, news segments or events related to the Clinic and/or Novo Nordisk.

By signing this release, I understand that use of the images and/or audio recordings may result in my being identified as a special needs adult at and/or a special needs participant in Novo Nordisk's program(s).

I understand and agree that my signature on this permission form will be relied upon and I agree to waive any and all claims for damages arising out of or in connection with the use of my images and/or recordings, including without any limitation on any claims for libel, infliction of emotional distress, invasion of privacy or publicity rights.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed/disseminated.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound.

Applicant's Full Name_____

Parent/Guardian Full Name _____

Address _____ City _____ State_____ Zip Code_____

Phone _____

Parent/Guardian Email Address_____

Applicant's Email Address_____

Parent/Legal Guardian's Signature_____ Date_____

Applicant's Signature _____ Date_____