



Project | SEARCH®

**Monmouth
Medical Center**

**RWJBarnabas
HEALTH**



Monmouth Medical Center Project SEARCH

Intern Candidate Application

2023-2024

- ***Applicant must attend Skills Assessment Day in April (Date TBD)***

Purpose

The purpose of this application packet is to outline the skill set of the Project SEARCH Intern Candidate. This application enables the Steering Committee, consisting of representatives from Monmouth Medical Center, NJ DVRS, NJ DDD and Family Resource Associates, Inc. to properly assess each Intern Candidate's skills, abilities, and background. A parent, Intern Candidate, counselor, school staff member, or employer may be contacted by the Steering Committee to gather additional information. Our final goal is to select Intern Candidates who will be successful in a Project SEARCH program and **reach the outcome of competitive employment of at least 16 hours per week.**

Selection Process Guidelines

1. Submit the completed application by **Friday, March 31, 2023** to:

Phillip Duck
Director of EmployAbility
Family Resource Associates Inc.
210 Newman Springs Road East
Red Bank, NJ 07701
employability@frainc.org

2. Completing this application does not guarantee placement.
3. The Steering Committee will only accept fully completed applications. Any incomplete application will be disregarded and the Intern Candidate will not be considered.
4. If accepted, an IEP will be developed with the IEP team for the 2023-2024 school year **(high school students only)**.
5. If accepted, Intern Candidate must be able to pass a criminal background check and drug screen.
6. Intern Candidate must apply to Division of Vocational Rehabilitation Services (DVRS) and develop an Individual Plan for Employment (IPE).
7. Intern Candidate must apply to Division of Developmental Disabilities (DDD) for supports (if eligible).

Key Dates & Deadlines

- **3/31/23 - Applications Due (with required documents)**
- **April 2023 (Date TBD) - Skills Assessment Day**
- **By 4/30/23 - Letters of Acceptance Sent**
- **August 2023 – Orientation (may including Travel Training)**
- **September 2023 - Project SEARCH Begins at Monmouth Medical Center**

Project SEARCH Application at Monmouth Medical Center

PERSONAL DATA

Name: Last First Middle

Address: Street City Zip

Home Phone: Cell Phone: Email:

School Currently Attending:

Sending School District (if different from current school attending):

Date of Birth: Choose one (optional) Male Female Prefer not to disclose

Parent/Guardian Name: Parent/Guardian email:

Address: Street City Zip

Parent/Guardian Home Phone: Parent/Guardian Cell Phone:

Parent/Guardian Name: Parent/Guardian email:

Address: Street City Zip

Parent/Guardian Home Phone: Parent/Guardian Cell Phone:

Are you your own guardian? Yes/No If not, please list name and relation:

Parent/Intern Candidate Information

1. Universal Release: The student's educational/employment records concerning my son/daughter will be transferred from his or her school to Project SEARCH Partners (Monmouth Medical Center, Family Resource Associates, Inc.).
2. Equal Opportunity: Monmouth Medical Center Project SEARCH placement will be made without regard to race, color, age, sex, national origin, cultural or economic background, housing circumstances is entitled to equal opportunity for educational development.

Intern Signature Date

Parent/Guardian Signature Date

Background and Future Employment Preferences

What is your career of interest?

How do you want to be employed in the community upon the completion of Monmouth Medical Center Project SEARCH?

Full-time

Part-time (minimum 16 hours per week)

List jobs you do or have done in the school or in the community (paid or volunteer):

Employer #1:

Contact Number:

Supervisor's Name:

Paid

Unpaid

Job Duties:

1.

2.

3.

4.

Employer #2:

Contact Number:

Supervisor's Name:

Paid

Unpaid

Job Duties:

1.

2.

3.

4.

Intern Candidate Response Question

Why do you want to participate in Monmouth Medical Center Project SEARCH? (Complete in your own words and/or person assisting will write the responses in the intern candidate's own words)

References

List three references.

Personal Reference

Name Relationship to Student
Phone Number Email Address

School Reference (if applicable)

Name Title
Phone Number Email Address

Other Reference

Name Title
Phone Number Email Address

Transportation

Indicate what transportation you will use to travel to program (e.g. Uber, Lyft, Access Link, drive yourself, family member, school transport, etc.)

Division of Vocational Rehabilitation Services (DVRS)

1. Have you met with Vocational Rehabilitation? Yes No
2. Do you have an open case with Vocational Rehabilitation? Yes No
3. If yes, who is your Vocational Rehabilitation counselor? _____

Division of Developmental Disabilities (DDD)

1. Do you have a budget with the Division of Developmental Disabilities? Yes No
2. What are your tier level and the start of your budget year? _____
3. Who is your Support Coordinator and agency? _____

1. Do you have plans to move from your school district or out of Monmouth County during or after the program year? Yes No

2. Have you applied or do you plan on applying to any summer camps, college programs, or other community work training programs? Yes No

If yes, please tell us which programs

3. There are some Project SEARCH commitments in August. Do you have any summer vacation plans? If so, please provide the dates

Check areas below in which you have challenges and require extra support (write any supporting comments in the box provided after each area): *Parent, school staff, or support coordinator may assist you in completing this section. This provides us with valuable information that will help us to support the intern in the most effective and meaningful way. Your answers will **not** result in any punitive response from our Steering Committee for our acceptance decisions.*

Mobility

Reading

Attending to tasks/Distractibility

Speech/language

--

Hyperactivity

--

Handling money

--

Thoughts of harming self or others

--

Communicating/working with others

--

Attendance (tardy/absent)

--

Decision making

--

Self-care

--

Adjusting to new situations

--

Work stamina (standing, stairs, lifting)

--

Hygiene and grooming

Other (Please note):

Assistance

The person assisting the student to complete this application is:

Name	<input type="text"/>	Title	<input type="text"/>
Organization	<input type="text"/>		
Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Final acceptance is contingent upon the completion of the following during Summer 2023:

_____ Shot/Immunization Record (COVID vaccination, TB, Measles, Mumps, Rubella, Chicken Pox, Hepatitis B, Influenza and any other shots required by Host Site)

_____ Background/Criminal Check

_____ Drug Screen

_____ Monmouth Medical Center Occupational Health Clearance

_____ Signed IPE (Individual Plan for Employment) through DVRS

_____ Contact with DDD representative to establish an individual budget

Project SEARCH Intern Contract

****The student will be asked to sign this upon acceptance into the program at the IEP meeting.***

Read the student contract below and sign and date.

I, , understand that if I am accepted into the Project SEARCH program and must abide by the following terms and conditions:

- I will take part in the Orientation days during the summer of 2023.
- I will complete at least three unpaid job internships at Monmouth Medical Center.
- I will attend the program every day from **8:00 am- 3:00 pm** (subject to change), Monday through Friday.
- I will dress appropriately and wear required attire.
- I will call my instructor and departmental supervisors when I am absent or tardy.
- I will make up any assignments missed due to excused absences.
- I will follow all the rules established by the program at Monmouth Medical Center.
- I will attend regularly scheduled meetings with my rehabilitation counselor, parents, teachers, and business staff.
- I will be an active participant and communicate any issues at our monthly meetings.
- I will actively pursue employment.
- I understand that while completing my internship at Monmouth Medical Center, it is expected that I will receive an influenza and COVID vaccination.

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

Intern Signature **X** Date

Parent/Guardian Signature **X** Date

For School Personnel Only

_____ Completed Application Packet (Student/Family or Adult/Family completes and submits)

_____ High School Transcript (Local School will submit on behalf of high school intern)

_____ Attendance Record (Local School will submit on behalf of high school intern)

_____ Immunization Records

_____ Current IEP (Local School will submit on behalf of high school intern)

_____ Most Recent Evaluation Team Report (Local School will submit on behalf of high school intern)

_____ Current ISP (Support Coordinator will submit for Adult Interns only)

Submitting School District Contact Person Date:

Submitting School District Signature