



Dear Applicant:

Project SEARCH® is a transition program designed for individuals who want to acquire competitive, marketable work skills for community employment. During the program year, they will receive training and education from a special education instructor and professional skills trainers following the licensed model that was developed at Cincinnati Children's Hospital. Near the end of the program year, they will receive assistance in obtaining a job that meets their needs, preferences, and skills, along with job training and support.

Enclosed you will find information regarding Project SEARCH®, as well as forms to complete, to be considered for acceptance into the internship program.

- 1) The completed forms and required documentation should be returned to Aspiro **by February 23rd, 2024**.
Attn: Jessica Klemens, Aspiro 1673 Dousman Street, Green Bay, WI 54303
Applications are also available on Aspiro's website: www.aspiroinc.org.
- 2) The selection process includes requested documentation, as well as participation in a **Skills Assessment Day** with representatives from the Selection Committee. At the completion of the Skills Assessment, the Selection Committee will review each candidate to determine eligibility for Project SEARCH®. If selected, this information will also be utilized to determine appropriate internship sites, accommodation needs, etc. for the selected interns.
- 3) All candidates will be contacted by a member of the Selection Committee regarding selection.
- 4) Those selected will be informed of a **mandatory Orientation** that will be held in **August**.

If you have not been determined eligible for Project SEARCH®, we will discuss other available options with you, including employment services offered through Aspiro and the Division of Vocational Rehabilitation (DVR).

Please feel free to contact me with questions, and/or if you need assistance with anything included in this Application Packet.

Sincerely,

Jessica Klemens
Project SEARCH Manager
920-593-4353
jklemens@aspiroinc.org



ELIGIBILITY REQUIREMENTS

- High School Students
 - Have completed all required High School credits
 - Have not accepted High School diploma
 - Entering your last year of High School eligibility
- All
 - Been found eligible for DVR (Department of Vocational Services)
 - Enrolled in Family Care / IRIS for Long Term Support (If applicable)
 - Must have appropriate hygiene, dress, social and communication skills
 - Ability to take direction and change behavior
 - Coordination of transportation to and from Project SEARCH
 - Pass drug screen, background check, and all requirements as specified by the host site
 - Participate in the intern selection process following an accepted application
 - **Have the desire and plan to work competitively in the community at the conclusion of the Project SEARCH program at a minimum of 16 hours / week.**

Questions? Contact:

Jessica Klemens – Project SEARCH Program Manager / 920-593-4353 / jklemens@aspiroinc.org

People with disabilities have the right to choose a path toward education and employment. However, while freedom of choice is given, the right to work is earned. Earning the right to work is dependent upon the student's preparation.

Stephen Simon, ADA Quarterly, Fall 1998



Application Purpose & Guidelines

The purpose of this application packet 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, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information. Our final goal is to select individuals who will be successful in a Project SEARCH® program and achieve the outcome of competitive employment.

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

Project SEARCH® Application Packet Checklist **The following must be completed and sent with the application:**

- Completed Application
- Individual Education Plan (IEP) including Transition Goals and Transcript (If applicable)
- Parent/Guardian questionnaire
- Signed Authorization for Release of Information
- Signed Funding Agreement
- The individual has or plans to apply for DVR services.
- The individual has or will contact the ADRC to inquire about for long term support services.
- The individual WILL actively seek competitive employment prior to or upon completion of Project SEARCH®.
- The individual agrees to participate the length of the program, which is September - May 8:00am – 2:30pm.
- The information provided on the application is complete and accurate to the best of my knowledge. I understand that submitting this application does not guarantee my acceptance into the program.

By signing your name you agree that all the above boxes are checked and you acknowledge and agree to the statements.

Applicant's signature: _____

Guardian signature, if applicable: _____

APPLICATION

Information

Applicant Name: _____
Last First Middle

SS#: _____

Address: _____
Street City/State Zip Code

Home Phone: _____ Cell Phone: _____

Email address: _____

County of Residence: _____

School District of Residence (If applicable): _____

School/Program currently attending (If applicable): _____

Last school year of eligibility (example 2020-2021): _____

Date of Birth: _____ Male Female Other

Shirt Size _____

Guardian Information (if the applicant is their own legal guardian, please put NA)

Applicant is their own Legal Guardian: yes no

Guardian Name: _____

Address: _____
Street City/State Zip Code

Guardian Phone Number: _____
Home Phone Cell Phone

Email Address: _____

Other contact:

Name(s): _____

Address: _____
Street City/State Zip Code

Phone Number: _____
Home Phone Cell Phone

Email Address: _____

Relationship to applicant: _____

APPLICANT'S EMPLOYMENT and/or VOLUNTEER BACKGROUND:

List jobs you do or have done in school or in the community:

| Employer/Organization | Job Title | Job Duties | Supervisor Name | Dates | Contact Number | Paid | Unpaid |
|-----------------------|-----------|----------------------|-----------------|-------|----------------|------|--------|
| | | 1. 2. 3. 4. | | | | | |
| | | 1. 2. 3. 4. | | | | | |
| | | 1. 2. 3. 4. | | | | | |

Do you plan on working outside of the program hours while participating in the program?

Yes No

If yes, where and how many hours per week?

Have you ever been fired from a job?

Yes No

If yes, please explain:

Have you ever quit a job? Yes No

If yes, please explain:

TRANSPORTATION

It is the applicant's responsibility to arrive and leave the Project SEARCH® host site on their own during the program schedule. Program schedule is September - May and the daily hours are 8:00am start time – 2:30pm end time.

Green Bay Metro City Bus Parents/Guardian or Family Member Drive Self
Metro Para Transit Curative Connections

Other _____

Transportation for employment once Project SEARCH® is ended:

Green Bay Metro City Bus Parents/Guardian or Family Member Drive Self
Metro Para Transit Curative Connections

Other _____

SERVICE AGENCIES

Do you have a Vocational Rehabilitation Counselor (DVR)? Yes No
Counselor's Name: _____ Phone: _____

Have you ever had a Functional Screening with a representative from the Aging and Disability Resource Center (ADRC)? Yes No Unsure

Have you been found eligible for services from Family Care or IRIS?
Yes No

If yes, are you on a waiting list? Yes No
or Which Family Care Agency or IRIS Consulting Agency are you with?

Care Manager's name Phone Number

Are you receiving: SSI or SSDI ? None

Are you receiving Medical Assistance (Forward Card) # _____

Badger Care # _____ or Medicare # _____

Do you have Private Insurance? Yes No

Company Name: _____

Member ID #: _____ Group #: _____

SELF ASSESSMENT

What is/are your disabilities?

Directions: Please place a check in the yes or no column that matches the answer to each question.

| Self-Assessment: | Yes | No |
|---|-----|----|
| I can prepare a lunch or snack by myself | | |
| I know how to handle money/make change | | |
| I know how to use the bathroom and wash my hands | | |
| I take daily showers/baths without reminders | | |
| I am able to dress appropriately for the weather | | |
| I follow my school or work dress code | | |
| I can read a digital clock and/or face clock to tell time | | |
| I can make an appointment by phone | | |
| I have an appropriate email address and can use email | | |
| I can be at home alone | | |
| I get to school, work, or other appointments on time | | |
| I have reliable transportation to get to work | | |
| I am willing to learn to use public transportation | | |
| My family supports my goal of community employment | | |



Project SEARCH® Authorization for Release of Information

Name of person who is subject of information (Applicant for Program):

Person's date of birth: _____

Permission is hereby given to Project SEARCH® to release or obtain information to or from the following sources: Division of Vocational Rehabilitation (DVR), Aging and Disability Resources Center (ADRC), high school personnel of your district and attendance, Family Care Provider, Host Site, CESA 8, Department of Health Services, and ASPIRO.

I understand that the specific type of information to be released or exchanged includes: Information to clarify any information collected during the application packet and eligibility for the Project SEARCH® program.

I understand that this information may be used for screening, assessment and evaluation, eligibility determination, planning, transition or: _____

I understand that authorizing this release is voluntary and I need not sign this form in order to receive services, treatment, enrollment, or eligibility of benefits.

I understand that I have the right to inspect and/or receive a copy of the information to be released and receive a copy of this authorization form.

I understand that releasing this information carries with it the potential for an unauthorized disclosure and the information may not be protected by federal privacy standards.

I understand that this information may be reviewed by referral, funding, licensing sources, etc. and employees on a "need to know" basis.

I understand that I may revoke this authorization at any time except where information has already been released as a result of this authorization. I should contact the disclosing medical records/health care provider in writing to revoke this authorization. Unless revoked, this authorization will remain in effect throughout the application process and through the duration of the program.

I have had an opportunity to review and understand the content of this authorization and by signing it I confirm that it accurately reflects my wishes.

Signature of person who is subject of information or his/her legally authorized representative:

(Signature of individual and guardian, if applicable)

(Date)



HOST SITE REQUIREMENTS

1. Immunizations / Health Assessment

- **Chickenpox Varicella** - must have history of having Chickenpox disease, proof of immunity by titer or have received two doses of the varicella vaccine (Varivax) given one month apart
- **Baseline TB screening** - using two step TB skin test or single blood assay test (ex. QuantiFERON). Annual single TB skin test or blood assay test thereafter. For known positive TB skin test or quantiFERON gold, evidence of a negative baseline chest x-ray at or within one year of starting their initial experience is required AND an annual TB questionnaire.
- **Dates of 2 MMR** - or Positive rubella titer, rubella titer and mumps titer
- **Hepatitis B vaccination series** - or signed declination or a positive Hepatitis titer
- **Influenza vaccine** - required for the current flu season
- **Adult Tetanus-Diphtheria (Td) vaccine** - or proof of 1-time dose of Adult Tetanus, Diphtheria and Pertussis (Tdap) vaccine must be current within 10 years
- **COVID-19 Vaccine** – must show proof of vaccination status or sign a declination.

2. Criminal Background Check (paragraph 1.5) effective

Pursuant to Section 50.065, et seq., Wis. Stats., students involved in program will be subject to a criminal background check, in accordance with Wisconsin Administrative Code HRS 12, which shall include (1) obtaining a completed State of Wisconsin “Background Information Disclosure” form and (2) performing a criminal records check. If the background check reveals a conviction or pending charges of a crime which is not a “permanent bar” or a “bar pending rehabilitation” Facilities, in its sole discretion, shall determine whether the condition or pending charge(s) are substantially related to the care of Facilities patients or clients.

3. Drug screen

A 10 panel drug screen with expanded opiates must be obtained.



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Project SEARCH® Parent/Guardian Assessment

Individual Name _____ High School (if applicable)

Name/Title of Person Filling Out _____ Date _____

Directions: Please place a check in the rating column that matches the performance level of the individual for that category.

| Category | Behavior Assessment | Never | Sometimes | Frequently | Unsure | Comments |
|----------|--|-------|-----------|------------|--------|----------|
| Personal | Has business appropriate hygiene | | | | | |
| Personal | Has strong family support | | | | | |
| Personal | Is motivated | | | | | |
| Personal | Is easily distracted | | | | | |
| Personal | Tires easily | | | | | |
| Personal | Is easily frustrated | | | | | |
| Personal | Accepts Supervision | | | | | |
| Teamwork | Able to work in a team | | | | | |
| Teamwork | Uses good manners and is respectful | | | | | |
| Teamwork | Ask for assistance, clarification, or direction when necessary | | | | | |
| Teamwork | Manages conflict and stress | | | | | |
| Ethics | Honest | | | | | |

[Type text]



| Category | Behavior Assessment | Never | Sometimes | Frequently | Unsure | Comments |
|---------------|---------------------------------------|-------|-----------|------------|--------|----------|
| Work Ethic | Able to work independently | | | | | |
| Work Ethic | Works at acceptable speed for tasks | | | | | |
| Work Ethic | Begins a new task without prompting | | | | | |
| Work Ethic | Takes pride in his/her work | | | | | |
| Work Ethic | Demonstrates a positive attitude | | | | | |
| Job Standard | Excellent attendance | | | | | |
| Job Standard | Recognizes and copes with frustration | | | | | |
| Job Standard | Keeps work area clean and orderly | | | | | |
| Communication | Receives constructive criticism well | | | | | |
| Communication | Shows effective listening skills | | | | | |
| Communication | Maintains appropriate conversation | | | | | |

Why individual is or is NOT a good candidate for Project SEARCH®:

[Type text]



Frequently Asked Questions

Q: What basic skills are necessary for admittance to the program?

Through the skills assessment, individuals must demonstrate the following: appropriate hygiene/appearance, social and communication skills, ability to take directions, and ability to change behavior. The individual must have a strong desire to work and will demonstrate this through daily attendance, positive attitude, and commitment to seek employment.

Q: What about transportation to the program?

Project SEARCH® is not responsible for setting up transportation to the program. Training can be provided if necessary to ride the metro city bus system.

Q: What is the family's involvement?

When internships begin, family is expected to attend the job placement review meetings held twice during each internship. Since employment is everyone's goal, parent / guardians are asked to assist in actively seeking employment for their intern.

Parent/Guardian also needs to work with the candidate to connect and apply to qualify for DVR services and ADRC for a functional screening for long term care services.

Q: What happens after completion of the program?

All involved in Project SEARCH® will begin to look for competitive employment in the community toward the end of the program. However, employment cannot be guaranteed immediately and the program goal is that employment will be achieved within one year of completion.



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ADULT CANDIDATES - FUNDING AGREEMENT

INTERN: _____ DOB: _____

FUNDING SOURCE: _____

_____ funding source supports _____'s participation in the Project SEARCH® transition program.

By signing below, the funding source agrees to pay tuition for the employment preparation, education, and skills training that will be provided to this intern during the 2023-24 program year, if accepted as an intern. Tuition is non-refundable if the intern would have to be removed or would choose to withdraw from the Project SEARCH® program.

The fee/tuition amount is to be determined based on the number of selected interns, up to 8 interns. ASPIRO will determine the tuition amount and notify all partners of accepted interns.

Funding Source Representative

Date