

NJTIP @ Rutgers

*Expanding Mobility for
People with Disabilities and Seniors*

A Program of the Alan M. Voorhees Transportation Center (VTC)



**Atlantic
Health System**
Chilton Medical Center



Project | SEARCH



Project SEARCH

Chilton Medical Center

Student Intern Application

2021-2022

*Applicant must participate in Skills Assessment
Day, May 17, 2021.*

Project SEARCH Entrance Criteria

All participants of the Project SEARCH – Union County, NJ program must agree to the following:

- Desire and plan to work competitively in the community at the conclusion of the Project SEARCH program
- Have a copy of the student's current Transition IEP and most recent Reevaluation paperwork
- Be at least 18 years of age
- Have completed the high school credits necessary for graduation
- Meet eligibility requirements for NJ Division of Vocational Rehabilitation Services (DVRS)
- Apply to NJ Division of Developmental Disabilities (DDD) and other service providers as necessary for follow along services
- Have independent personal hygiene and grooming skills
- Have independent daily living skills
- Maintain appropriate behavior and social skills in the workplace
- Be able to communicate effectively
- Have a willingness to participate in travel training to ensure success in using the bus, public transportation and/or paratransit options independently
- Have previously participated in a structured learning experience or vocational activity at school, (including volunteer and/or paid work)
- *Students who require a one-to-one personal aide are not appropriate for this program

Project SEARCH Application Packet Checklist

Please Note: All the required documents must be completed and sent together for application to be considered.

- Project SEARCH Application
- Copy of Completed NJ DVRS Referral Form (or confirmation that student has been referred to DVRS)
- Health/Immunization Record (school should have on file with nurse)
- Current Individual Education Plan (IEP) including Transition Statement
- Copy of most recent Reevaluation paperwork (All 3 year re-evaluations that are due must be completed)
- Most recent report card
- Attendance Record
- Behavior Implementation Plan (if applicable)

Purpose

The purpose of this application packet is to outline the skill set of the Project SEARCH – Chilton Medical Center Intern Candidate. This application enables the Selection Committee, consisting of, Representatives from Banyan School, Division of Developmental Disabilities, as well as the Division of Vocational Rehabilitation Services, to properly assess each Intern Candidate’s skills, abilities and background. A parent, Intern Candidate, counselor, school staff, or employer may be contacted by the Selection Committee to gather additional information. Our final goal is to select Intern Candidates who will be successful in a Project SEARCH – Chilton Medical Center program and reach the outcome of competitive employment.

Selection Process Guidelines

1. Submit the completed application by **May 10, 2021**:

Contact Information

2. Completing this application does not guarantee placement.
3. The Selection Committee will only accept fully completed applications. Any incomplete application will be disregarded, and the Intern Candidate will not be accepted.
4. If accepted, an IEP will be developed with the IEP team for the 2021-2022 school year.
5. If accepted, Intern Candidate must be able to pass a criminal background check and drug screen.

Project SEARCH Application for Chilton Medical Center

PERSONAL DATA

Name: Last _____ First _____ Middle _____

Address: Street _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

School Currently 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: _____

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 (Chilton Medical Center, Banyan High School, Division of Vocational Rehabilitation, Division of Developmental Disabilities, The Arc of NJ, and NJTIP).
2. Equal Opportunity: Project SEARCH – Chilton Medical Center 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 **X** _____ Date _____

Parent/Guardian Signature **X** _____ Date _____

Future Employment Preferences and Background

What is your career of interest? _____

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

Full-time

Part-time

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. _____

Check areas below in which may apply to you now, or in the past: *Parent or school staff may assist you in completing this section.*

Mobility

Reading

Attending to tasks

Speech/language

Hyperactivity

Handling money

Harming self or others

Communicating/working with others

Attendance

Decision making

Self-care

Adjusting to new situations

Taking medication

Theft

Self-direction

Work stamina (standing, stairs, lifting)

Personal needs on the job

Hygiene and grooming

Other (Please note):

Intern Candidate Response Question

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

References

List three (**non-relative**) references.

Personal Reference

Name _____ Relationship to Student _____

Phone Number _____ Email Address _____

School Reference

Name _____ Title _____

Phone Number _____ Email Address _____

Other Reference

Name _____ Title _____

Phone Number _____ Email Address _____

Assistance

The person assisting the student to complete this application is:

Name _____ Title _____

Organization _____

Phone Number _____ Email Address _____

Signature **X** _____ Date _____

Final acceptance is contingent upon the completion of the following during summer 2021:

_____ Shot/Immunization Record (TB, Measles, Mumps, Rubella, Chicken Pox, Hepatitis B; The influenza shot will be required during flu season based upon the Occupational Health Department's guidance)

_____ Background/Criminal Check

_____ Drug Screen

Project SEARCH – Chilton Medical Center 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 complete at least three unpaid job internships at Chilton 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 Chilton 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 Chilton Medical Center, it is expected that I will receive an influenza shot during the flu season, based upon the guidance of the Occupational Health Department guidance.

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

Intern Signature **X** _____ Date _____

Parent/Guardian Signature **X** _____ Date _____

This application has been completed by:

Printed Name (Student)

Signature (Student)

Date

Printed Name (Parent/Guardian)

Signature

Date

Submit the completed application, via mail or in person to:

**Project SEARCH-Chilton
Medical Center Attention:
Marguerite Freeman**

Banyan High School Principal
Banyan High School
471 Main Street
Little Falls, New Jersey 07424

For questions, please contact Ms. Freeman at (973) 785 – 1919 x100 or via email at mfreeman@banyanschool.com

Thank you for applying to Project Search!

- The Project Search-Chilton Medical Center Selection Committee



Disclosure of Education Records to Project SEARCH Partners Release of Information

This form gives permission for the **school** (identified below) to disclose the personally identifiable information from the education records of the individual below. This information will be provided to the Project SEARCH Partners (Host Business, Education Partner, Vocational Rehabilitation, Long Term Support, etc.) to support the application process.

Student Name:

Last
First
M
Date of Birth

Address

Address
City
State/Zip

Primary Contact Information

Name
Email
Phone

Name of School

School
District

School Address

Address
City
State/Zip

Information to Use or Disclose

- | | | |
|--|--|---|
| <input type="checkbox"/> Demographic Information | <input type="checkbox"/> IEP, 504 Plan | <input type="checkbox"/> ETR |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Academic Records |
| <input type="checkbox"/> Educational Evaluations | <input type="checkbox"/> FBA, BIP | <input type="checkbox"/> Other _____ |

Signature of Student Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

If received assistance to complete application, name of scribe: _____



Disclosure of Consumer Records to Project SEARCH Partners Release of Information

This form gives permission for the **agency** (identified below) to disclose personally identifiable information from the records of the individual below. Information will be released to the Project SEARCH Partners (Host Business, Education Partner, Vocational Rehabilitation, Long Term Support, etc.) to support the application process.

Student Name:

Last
First
M
Date of Birth

Address

Address
City
State/Zip

Primary Contact Information

Name
Email
Phone

Name of

Agency

School
District

Agency Address

Address
City
State/Zip

Information to Use or Disclose

- | | | |
|--|--|--|
| <input type="checkbox"/> Demographic Information | <input type="checkbox"/> Functional Screen | <input type="checkbox"/> Diagnostic Records |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Medical Documentation |
| <input type="checkbox"/> IPE | <input type="checkbox"/> Planning Documents | <input type="checkbox"/> Other _____ |

Signature of Student Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

If received assistance to complete application, name of scribe: _____

For School Personnel Only

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

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

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

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

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