

# Project SEARCH Knoxville

2019 Intern Application

**Breakthrough:**

University of TN Medical Center

**Cerebral Palsy Center:**

East TN Children's Hospital

**Candidate Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Day Service Provider** \_\_\_\_\_

**Agency (if applicable):** \_\_\_\_\_

[www.projectsearch.us](http://www.projectsearch.us)

## Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH candidate. This application enables the Project SEARCH Knoxville programs and the host hospitals to properly assess each candidate's interests, skills, abilities and background. A parent, Independent Support Coordinator, direct support professional, job coach or employer may be contacted to gather additional information. Our goal is to select candidates who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

### The Application Process includes the following guidelines:

1. All applicants are encouraged to attend either of the two Information Nights to meet the instructors and receive more details about Project SEARCH. Information Nights are scheduled for: **Tuesday, August 21, 2018 and Tuesday, September 18, 2018 from 5:30 p.m. to 7:00 p.m. at the Knoxville Career Center, 2700 Middlebrook Pike Knoxville, TN.**
2. **Submit the completed application packet to the address on page 3 of this application packet by 5:00 p.m. on Thursday, October 18, 2018.**
3. **All applicants MUST attend an interview and skills assessment to be scheduled either at one of the host hospitals or an alternate location.** Please dress business casual for the interview and be prepared to perform several different job tasks.
4. Project SEARCH staff will review the applications, and if selected, match the applicant's skill set and interests with the appropriate Project SEARCH site.
5. If selected, a Circle of Support meeting will be arranged to amend the Individual Support Plan and any associated funding.
6. **If selected, applicants MUST pass a criminal background check and drug screen before the first day of the program, February 4, 2019.** Applicants will also be required to update all immunizations including a flu shot, get a TB test, and show proof of recent physical exam.

## **Project SEARCH Application Packet Checklist**

### **\*PLEASE NOTE\***

**ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR APPLICATION TO BE CONSIDERED. IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE CONTACT YOUR DIRECT SUPPORT STAFF OR CONSERVATOR.**

Application Packets **MUST** include the following:

Completed Application forms and Rubric (attached). The information on the Rubric should be compiled by the people who know the candidate best;

Color Photo (4x6 or Wallet Size);

A signed copy of the Project SEARCH Expectations (Section M);

Recommendation from your current support agency (if applicable) and a personal reference (forms included in the application packet); and

Copies of any support plans from support agencies such as VR Employment Plans, DIDD Individual Support Plans, or ECF Choices Person Centered Support Plans.

A release form authorizing release of information from the Vocational Rehabilitation Program.

Return completed Packet to:

**Stacy Spangler**  
**Disability Resource Coordinator**  
**Knoxville Career Center**  
**2700 Middlebrook Pike, Suite 100**  
**Knoxville, TN 37921**



Project | SEARCH

**APPLICATION FOR ADMISSION**

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**A. APPLICANT PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
  Last  First  Middle

SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Street  City  Zip Code

E-mail Address: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  Male     Female

**B. CONSERVATOR INFORMATION:**

Do you have a Conservator?                                  Yes                                  No

If yes, list name below. If no, list any family member or friend who may be assisting  
In completing your application

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Street    City    Zip Code

Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**C. APPLICANT/CONSERVATOR ACKNOWLEDGEMENT AND APPROVAL:**

Selection into the Project SEARCH Program is dependent upon program and host hospital review.

By signing below you agree to release all information on this application for the purpose of discussion during the program and host hospital review.

By signing below you also authorize Project SEARCH Knoxville to use your name, photograph and any video-taped activities for media presentations related to Project SEARCH activities.

Equal Opportunity: Program decisions regarding acceptance and placement will be made without regard to race, color, national origin, sex, age, religion or presence of a disability.

**A two-week trial period will be required of all candidates who are accepted into the Project SEARCH program. The conservator and applicant agree to comply with this procedure.**

Applicant Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Conservator Signature *(if applicable)*

\_\_\_\_\_

Date:

\_\_\_\_\_

**D. AGENCY RECOMMENDATION:**  
*applicable)*

*Section D to be completed by a current service agency staff member (if*

**Applicant's Name:** \_\_\_\_\_

**Applicant's Agency/School:** \_\_\_\_\_

**Why do you think this person is a good candidate for Project SEARCH?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Comments regarding Attendance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Comments regarding work performance:**

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**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency Affiliation:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E. PERSONAL RECOMMENDATION:** *Section E to be completed by a personal reference*

**Applicant's Name:** \_\_\_\_\_

**Why do you think this person is a good candidate for Project SEARCH?**

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**Print Name:** \_\_\_\_\_

Signature: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

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

**F. EMPLOYMENT INTERESTS AND BACKGROUND:**

When you are hired for paid employment do you want to work full time or part time? Please check both if applicable: Full-time:  Part-time:

Which shift would you prefer working after completing Project SEARCH? Check all that apply:  
Day shift  Evening shift  Night shift

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

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Start Date:	Employer:		Paid Employment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Supervisor:		Contact Number:		
End Date:	Task 1:		Task 2:		
	Task 3:		Task 4:		

Have you ever been fired from, let go from or asked to resign from a job? Yes  No

If yes, please Explain:

Have you ever quit a job?

Yes

If yes, please explain:

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**G. UNIFORM:**

Please provide size for uniform ordering purposes (note: cost of shirt may not be covered):

Shirt: \_\_\_\_\_

**H. TRANSPORTATION:**

How do you plan to get to Project SEARCH?

Self  KAT/ lift  Family  Agency

**I. SERVICE AGENCIES:**

Do you have a Vocational Rehabilitation (VR) Counselor?

If yes, please provide:

Name:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

Do you have an Independent Support Coordinator through the Department of Intellectual and Developmental Disabilities (DIDD) or DIDD Case Manager?

If yes, please provide:

Name:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

Do you have a Support Coordinator through the ECF Choices Program?

If yes, please provide:

Name:

Phone Number:

\_\_\_\_\_

\_\_\_\_\_

**Agency**

\_\_\_\_\_



**J. ACCOMMODATIONS:**

Do you have any challenges or limitations that would require accommodations?

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**K. APPLICANT RESPONSE QUESTION:**

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

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**L. PREPARER:**

**If this application has been completed by someone other than the applicant, please provide the following information and sign:**

\_\_\_\_\_  
Name Title Phone Number Date

\_\_\_\_\_  
Signature

## M. ACKNOWLEDGEMENT OF PROJECT SEARCH EXPECTATIONS



### **Project SEARCH Adult Program Expectations**

- Meet eligibility requirements for Vocational Rehabilitation
- Meet eligibility requirements for Department of Intellectual and Developmental Disabilities
- Have independent personal hygiene and grooming skills
- Have independent living skills
- Maintain appropriate behavior and social skills in the workplace. Such behaviors as violence, aggression, physical harm, sexually inappropriate behaviors, theft and/or destruction of property will not be allowed
- Take direction from supervisors and change behavior
- Be able to communicate effectively
- Have no more than 3 “*unexcused*” absences per 10 week round (an “excused” absence would include medical appointments, with a doctor's note, or family crises such as death or medical emergency)
- Participate in travel training to insure success in using the bus independently and utilize public transportation *when available*
- Pass drug screen and felony check and have up to date immunizations
- Have the desire and plan to work competitively in the community at the conclusion of the Project SEARCH program

I acknowledge the expectations above

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Applicant

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Conservator (*if applicable*)

**N. SAMPLE Project SEARCH INTERN CONTRACT:**

**For Information purposes only: The intern will be asked to sign the Project SEARCH contract AFTER selection into the program**

I, Intern's Name, understand that I have been accepted into the Project SEARCH program and must abide by the following terms and conditions:

- a. I will complete at least two unpaid job rotations within the host hospital.
- b. I will attend the program every day for 7 hours per day (e.g. 8:00am - 3:00pm), Monday through Friday.
- c. I will call my instructor and departmental supervisors when I am absent or tardy.
- d. I will make up any time missed due to excused absences.
- e. I will learn to use public transportation if at all possible.
- f. I will follow all the policies and procedures established by the program and host business.
- g. I will dress according to the dress code and uniform requirements of the assigned host site and/or rotation.
- h. I will attend monthly Employment Planning Meetings with my PS Instructor, PS Job Coach, VR counselor, Support Coordinator and family supports. I will be an active participant and communicate any issues at the meetings which will be held at least twice during each rotation.
- i. I will work with my personal and community supports to obtain the supplies from the supply list for my site. (List is distributed at the Host Site Orientation)
- j. I understand that the desired outcome for me in Project SEARCH is full/part-time paid employment in the community.
- k. I will actively pursue employment.
- l. I will receive a Project SEARCH certificate of completion when I complete the program.

I authorize the Project SEARCH to use my name, photograph, and any video-taped activities in media presentations in regards to my participation in Project SEARCH activities.

I have read the above 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.

**\*\*\*For Information Only. Signature not required at this time.\*\*\***

\_\_\_\_\_  
*Intern Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Conservator Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Project SEARCH Team Member Signature*

\_\_\_\_\_  
*Date*



**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION TO THE  
TENNESSEE DEPARTMENT OF HUMAN SERVICES**

<b>Information will be released for:</b> PRINT NAME▶		Date:	<b>Identify Signer:</b> <input type="checkbox"/> Self <input type="checkbox"/> Parent of minor <input type="checkbox"/> Guardian <input type="checkbox"/> Other authorized representative (explain) * Proof of legal authorization may be required.	
Street Address		(Parent/guardian sign here if two signatures required by State law)		
Phone Number (with area code) ( )	City			

I give permission for any of the following records about me to be given to the Tennessee Department of Human Services (TDHS) and its authorized agents/contractors, for the purposes of determining my eligibility for cash assistance or services, unless stated otherwise below:

- Employment records, past or present
- Financial records from banks, credit unions or any other financial services, credit or financial information agencies
- Social Security, insurance companies, retirement or pension funds/departments records
- Social services, housing or public assistance agency records of any type
- Any court or law enforcement agency records
- Any other agency, person or organization records (except persons or organizations that have medical/health information or educational agencies\*\*) that have information about me, including my spouse, children, any household member or neighbor

\*If you do not want certain records to be given to TDHS or do not want certain person/organizations to release information, state what records you do not want to be given or which persons or organizations you do not want your records to be given to:

**NOTE: IF MEDICAL/HEALTH INFORMATION IS REQUESTED, THE APPLICANT/RECIPIENT MUST COMPLETE A DEPARTMENT OF HUMAN SERVICES HIPAA RELEASE FORM. IF EDUCATIONAL RECORDS ARE TO BE RELEASED, THE EDUCATION AGENCY MAINTAINING THE RECORDS MUST BE CONTACTED DIRECTLY BY THE PERSON OR ENTITY SEEKING THE RECORDS.**

I give permission to TDHS to use a paper, fax or electronic copy or copies of this form to get my information.

For the records I have given permission to be disclosed, TDHS can talk to, or get copies of my records from any of the person/organizations I have permitted and can get this information by paper, fax, computer or electronic copies of those records.

**YOU DO NOT HAVE TO SIGN THIS FORM.** *If you do not sign this form or if you take back your permission, TDHS may not be able to decide your case on time or may have to deny your case.*

- I will get a copy of this form after I sign it. I can ask TDHS to let me see a copy of the information it gets after I sign this form.
- **This permission is good for 12 months from the date I sign this form, unless I take back my permission sooner.**
- **You have the right to withdraw your permission at any time. You cannot take back information that has been received from other persons/organizations before you take back your permission and it will not affect any actions taken on your case before you take back your permission.**
- **To take back your permission to let us get your records from other persons/organizations, you can write TDHS in your county, or write the persons/organizations that you have said we can give your information to.**
- All information about you that TDHS gets is protected by the Privacy Act of 1974 and federal or state law or regulations. It will not be given to other persons or organizations unless the law or regulations allow or require us to give out that information, or you allow us to give out that information. If we are required or permitted to give out the information about your medical/health records, it may not be protected if the person or organization that receives it is not required by law to protect the information.
- **We may also use your information when we compare records by computer.** The computer matches our information with other federal, state or local government agencies. Many agencies use matching information to find out if a person gets benefits paid by the federal or state government. The matches also help prove that a person is eligible for help. The law lets us do this even if you do not agree to it.
- **Ask TDHS to explain if you have questions about how or why your information is used.**

Signature of Person or Person's Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_



**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION  
BY THE TENNESSEE DEPARTMENT OF HUMAN SERVICES TO A 3<sup>rd</sup> PARTY**

<b>Information will be released for:</b> PRINT NAME ▶		Date:	<b>Identify Signer:</b> <input type="checkbox"/> Self <input type="checkbox"/> Parent of minor <input type="checkbox"/> Guardian <input type="checkbox"/> Other authorized representative (explain) *Proof of legal authorization may be required.	
Street Address		(Parent/guardian sign here if two signatures required by State law)		
Phone Number (with area code) (   )	City			

I, authorize the Tennessee Department of Human Services and its authorized agents/contractors, to release the following information from the records of the Department of Human Services described below:

- All records (*other than Medicaid/TennCare/Drug/Alcohol/Educational records\*See Note Below*) Yes: \_\_\_\_\_ No: \_\_\_\_\_ **OR**
- Families First or Food Stamp case records Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Vocational Rehabilitation Services records Yes: \_\_\_\_\_ No: \_\_\_\_\_
- Other: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Describe: \_\_\_\_\_

**NOTE: IF MEDICAL/HEALTH INFORMATION IS TO BE RELEASED, THE APPLICANT/RECIPIENT MUST COMPLETE A TDHS 3<sup>rd</sup> PARTY HIPAA RELEASE FORM. IF EDUCATIONAL RECORDS ARE TO BE RELEASED, THE EDUCATION AGENCY MAINTAINING THE RECORDS MUST BE CONTACTED DIRECTLY BY THE PERSON OR ENTITY SEEKING THE RECORDS.**

This information may be released to the following persons or organizations: Enter either "All" or state specific persons/organizations or types of persons/organizations to whom information can be released.

For the records I have given permission to be disclosed, TDHS can talk to, or give copies of my records to any of the person/organizations I have permitted and can give this information by paper, fax, computer or electronic copies of those records. **YOU DO NOT HAVE TO SIGN THIS FORM. I understand that I am not required to give permission, and that my decision will not affect any benefits or services which I, my child or family are receiving from the Department of Human Services or for any benefits or services for which I have applied from the Department of Human Services.**

- I will get a copy of this form after I sign it. I can ask TDHS to let me see a copy of the information it releases after I sign this form.
- **This permission is good for 12 months from the date I sign this form, unless I take back my permission sooner.**
- **You have the right to withdraw your permission at any time. You cannot take back information that has been received from other persons/organizations if you choose to take back your permission it will not affect any actions taken before you take back your permission.**
- **To take back your permission to let us get your records from other persons/organizations, you can write TDHS in your county, or write the persons/organizations that you have said we can give your information to.**
- All information about you that TDHS gets is protected by the Privacy Act of 1974 and federal or state law or regulations. It will not be given to other persons or organizations unless the law or regulations allow or require us to give out that information, or you allow us to give out that information. If we are required or permitted to give out the information about your records, it may not be protected if the person or organization that receives it is not required by law to protect the information.
- **Ask TDHS to explain if you have questions about the information that is to be released.**

Signature of Person or Person's Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# Project SEARCH Rubric

**Instructions: This rubric should be completed by a person who knows the applicant BEST. Please be as honest as possible!**

**Decide the box for each criteria that MOST ACCURATELY describes the applicant and CIRCLE it.**

**Please do not leave any criteria blank. Submit this rubric in the Application packet.**

**Applicant Name:**

**Criteria**

<b>Commitment to Community Employment</b>	Is unsure of interest in community employment	Is unsure of interest in community employment but support system is supportive and encouraging	Demonstrates commitment to work but has significant barriers such as inappropriate work goal, location, type of work, etc.	Demonstrates commitment to work but has needs for some training and supports.	Fully committed to work appropriate and is prepared to enthusiastically pursue a work goal.
<b>Flexibility</b>	Views change unfavorable and is often resistant	Does not multi-task effectively	Is able to perform a few standard tasks simultaneously	Accepts change as part of job and adjusts as necessary	Anticipates the need to alternate between various tasks and does so efficiently
<b>Independent Daily Living &amp; Self-Care Skills</b>	Has very poor or no independent daily living and self-care skills. May rely on parents and staff for some basic needs to be met	Has not been exposed to any daily living skills training but displays some skills in self-care.	Demonstrates basic proficiency in self-care skills. Self-care skills include toileting, feeding, taking medication, bathing, etc.	Demonstrates proficiency in self-care skills and some daily living skills such as cooking, budgeting and handling money.	Practices and demonstrates daily living skills such as cooking, budgeting, and handling money, and is also able to take care of self-care needs independently
<b>Appearance and Professional Presentation</b>	Does not possess any personal hygiene skills and clothes are not neat and clean	Always needs assistance in making sure clean clothes are worn daily. Personal appearance varies each day	Needs some assistance in making sure clothes are clean and with personal hygiene skills. Personal appearance may vary occasionally	Is neat, clean and well-groomed most days but may make inappropriate clothing choices for work based on place of business, dress code and weather, without assistance	Possesses good personal hygiene skills and will always arrive to Project SEARCH and/or work neat and clean, according to the dress code and weather

<b>Transportation</b>	Needs significant individual assistance for transportation	Can ride in an agency van with some individual assistance	Can ride in an agency van with no individual assistance. Willing to learn skills to use public transportation	Can utilize public transportation including a door-to-door system with basic skills	Can utilize public transportation and/or a door-to-door system as well as other transportation options (calling a cab, etc.)
<b>Appropriate Social and Behavior Skills</b>	Frequently displays inappropriate social and behavior skills	Periodically displays inappropriate social and behavior skills	Has appropriate social and behavior skills but needs some supervision.	Displays appropriate social and behavior skills in most situations	Routinely displays appropriate social and behavior skills
<b>Interpersonal Communication</b>	Has no grasp of interpersonal relationships	Limited ability to use appropriate body language or engage in appropriate conversation	Engages in some conversation and uses appropriate body language when prompted.	Generally able to independently engage in appropriate conversation.	Routinely uses appropriate tone of voice, body language and conversation topics
<b>Verbal Communication</b>	Very limited skills to communicate with others	Has some skills to communicate but is not fluent or easily understood	Can be understood with 1-2 repetitions or when asked to speak more clearly	Generally able to be understood.	Exhibits the ability to communicate with others and be understood easily
<b>Problem Solving and Conflict Resolution</b>	Has no independent problem solving and conflict resolution skills	Has difficulty in problem solving and conflict resolution skills	Has demonstrated capacity to expand problem solving and conflict resolution skills	Possesses good problem solving skills	Possesses good problem solving skills and initiates problem solving independently
<b>Physical Ability: Mobility and Stamina</b>	Has limited physical abilities as well as limited capacity to take care of own personal needs	Has limited mobility and stamina to perform basic tasks and needs some assistance with taking care of personal needs	Has mobility and stamina to perform basic tasks and ability to take care of own personal self-care needs for two hours	Has the mobility and stamina to perform a broad range of tasks including self-care needs for several hours	Has the mobility, and stamina to perform all tasks including self-care independently for a complete work day
<b>Pace and Work Quality</b>	Very limited skills to produce quality work in in timely fashion	Can produce work but not at an appropriate pace, productivity, and quality of output	Can achieve appropriate work pace but quality suffers or work quality is sufficient but quantity is affected	Pace and quality of work are generally appropriate and work is neat.	Is able to achieve both quality and quantity of work, maintains neatness/organization and completes work according to deadlines

<b>Employability Skills</b>	Has not been exposed to any employability training	Has participated in limited or informal employability training	Has had one year or a consistent class devoted to employability skills and has an interest in being employed	Has had more than one year of employability skills training, exhibits some employability skills and has an interest in being employed	Has had more than two years of employability skills training, exhibits many employability skills and has a strong interest in being employed
<b>Prior Work Experience</b>	Has no prior work experience	Has limited work experience	Has volunteer, enclave or paid work experience	Has up to one year of paid integrated employment	Has had more than one year or multiple successful experiences of paid integrated employment
<b>Academic Skills</b>	Cannot read nor do any simple math computations	Has some basic academic skills such as rote counting and can file using two to three digits with numbers or letters	Can read and comprehend functional information at or above a 2nd grade level and can perform simple math computations (with or without a calculator)	Can read and comprehend material at or above a 4th grade level, can tell time with a clock or analog watch to five minutes and count money/make change	All academic skills are above a 6th grade level
<b>Computer Skills</b>	Has no computer skills	Understands what a computer is but needs constant prompting to access information	Has basic knowledge of keyboard and keyboard functions and can access information on the computer with prompting	Can utilize some Microsoft products at a beginner level with limited prompting	Can access internet, utilize search engines for information and for entertainment independently
<b>Team Work</b>	Shows little effort in helping others	Focuses on his/her needs to the exclusion of others	Will assist others with task when asked	Volunteer to assist others when not part of his/her responsibility	Recognizes when coworker needs help and is willing to provide assistance

**Name(s) of the person who completed this rubric and relationship to the applicant:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_