



Project | SEARCH[®]
BERGEN COUNTY

Bergen County Project SEARCH
ADULT PROGRAM
Intern Application 2020-2021

Applicant Name:			
Applicant Address:			
Applicant Email:		Applicant Phone:	
Vocational Agency or Service Provider:			
Agency Contact:		Agency Phone:	
Date Submitted:		Date Received:	(for office use only)

* Vocational Agency or Service Provider: DVRS Counselor, DDD Support Coordinator, Job Coach, Case Manager, etc.

Program Overview

Bergen County's Project SEARCH program is a one-year unpaid internship program that trains young adults, who have a significant disability, and who are committed to seeking competitive employment in the community.

This employment and training program model features total immersion in a business setting in which interns complete a series of at least three rotations (approximately ten weeks each) in various departments within a host business location. It also includes instructional time for reinforcement of employment skills and career exploration opportunities — all while providing on-site skills training and accommodations design, as needed, to support the goal of independence.

Program capacity is six to twelve interns per program year for each program site.

The primary goal of the program is to prepare each intern for competitive employment (a minimum of 16 hours per week) upon completion of this skill-building experience.

Application Purpose & Process

The purpose of this application packet is to outline the skills set of the Project SEARCH Intern Candidate. This application enables the Project SEARCH Advisory Committee (consisting of representatives from business, workforce agencies, service agencies, education & training, and disability advocates) to properly assess each Intern Candidate's skills, abilities, and background.

Agencies and individuals listed in this application may be contacted for more information. Intern selection is not based on an education label or diagnosis. Rather, the Advisory Committee endeavors to develop a cohort that is diverse in its abilities.

The goal of the application process is to select applicants who are likely to be successful in the program – those that would benefit from this unique employment training experience and are likely to gain the skills to necessary to obtain and sustain complete employment.

The Advisory Committee matches the intern's skill sets and interests with the appropriate host business site (program location). Determination of acceptance and the host business location are confirmed before the program begins via a phone call and formal letter.

Application General Guidelines

- All of the required documents must be completed and submitted together for the application to be considered.
- Completing the application is team process. If you need assistance compiling this information, contact your DVRS Counselor, Job Coach, Case Manager, or DDD Supports Coordinator. For all other questions, please contact the Bergen County Project SEARCH team at (201) 343-8830 x4093 or bcps@bergenworkforce.org.
- Completing this application does not guarantee acceptance into the program or placement into employment. If accepted, the Intern Candidate is required to participate in a skills assessment and interview, attend an incoming orientation, and pass all business host requirements (such as a criminal background check and drug screen).

Submit the completed application to

North Jersey Friendship House

ATTN: Jennifer Murrin

125 Atlantic Street, Hackensack, NJ 07601

by

THURSDAY, MAY 21, 2020

Basic Eligibility Requirements for the Adult Project SEARCH Program

- Between 18 to 30 years of age
- Have already exited high school (no longer eligible for high school services)
- Have a strong desire to work competitively and would benefit from gaining additional skills to do so
- Have a goal to work at least 16 hours per week after program completion
- Be eligible for Vocational Rehabilitation Services (DVRs)
- Have the ability to meet host business clearance requirements (background check, drug screen, etc.)
- Commit to 100% attendance
- Be willing to utilize, and train for, public transportation to access Project SEARCH and future competitive employment. *Note: Program does not provide or coordinate transportation.*
- Be able to maintain appropriate behavior, hygiene, and social skills in the workplace without immediate supervision (Interns are supported in their rotations by a coordinator, skills trainers, and mentors; however, the expectation is that support fades as interns gain skills and confidence within a rotation. A young adult requiring one-on-one supervision would not be a candidate for this program.)
- Be able to communicate effectively (may be other than verbal) and take direction from a supervisor, and have a significant barrier to competitive employment (this program serves individuals with a range of abilities)

Key Dates and Deadlines 2020-2021

Information Sessions (visit projectsearch.bergenworkforce.org for exact dates)	January through May
Application Deadline	MAY 21
Application Review Period	MAY 21 TO JUNE 2
Skills Assessment & Interview Day (mandatory all applicants)	MAY 26
Prospective Intern Review and Selection	JUNE 2
Notices of Determination (acceptance, waitlisted, or declined)	JUNE 3
Incoming Intern Orientation (mandatory for accepted)	July 8
Travel Training Period	July through August
Program Period	September through June

Application Packet Checklist

- Completed Application
- Color Photo (Wallet Size)
- Two (2) letters of recommendations or work performance evaluations from (DVRS Counselor, DDD Supports Coordinator, former teacher/principal, past employer, family friend, volunteer program, vocational program staff)
- Most recent psychological evaluation/written documentation stating disability
- List of medications (if applicable)
- High school transcript with an attendance record
- Up to date immunization record
- Signed release forms at the end of this application packet
 - Division of Vocational Rehabilitation (DVRS) Consent for Release
 - Division of Developmental Disabilities (DDD) Consent for Release
- Current ISP - Individual Service Plan (if applicable)
- Proof of Guardianship (if applicable)

PERSONAL DATA

First Name:					
Middle Name:					
Last Name:					
Street Address:					
City:		State:		ZIP:	
Primary Phone Number:					
Alternate Phone Number:					
<i>If you do not have an email address, please provide the email of a parent or guardian.</i>					
Email Address:					
Date of Birth:					
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to answer		
Resides With:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent/ Guardian		
	<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Other		
Primary Language:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Sign Language		
	<input type="checkbox"/> Other (specify):				
Type of Disability: (written documentation of disability must be provided)					
How may your disability affect job performance (i.e., behavior, sensory, communication, etc.)?					

Adaptions/accommodations that you may need at work:			
Medical Concerns (i.e. asthma, seizures, allergies):			
Social Security Number:		<input type="checkbox"/> Have SS Card	<input type="checkbox"/> Have State ID
Benefits Received	<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> Medicaid
SERVICES AGENCIES			
Division of Vocational Rehabilitation Services (DVRS)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Plan to apply	If yes, DVRS Counselor Name and Phone:	
Division of Developmental Disabilities (DDD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Plan to apply	If yes, DDD Supports Coordinator Name & Phone:	
Do you have other Service Providers (i.e., residential, therapist, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Plan to apply	If yes, Agency, Contact Name & Phone:	
Guardianship (proof of guardianship must be provided)	<input type="checkbox"/> Applicant has guardian		<input type="checkbox"/> Applicant is their own guardian

Parent / Guardian Information (if applicable)

You will be required to provide legal documentation of guardianship if you are accepted into the program.

First Name:					
Middle Name:					
Last Name:					
Street Address:					
City:		State:		ZIP:	
Primary Phone Number:					
Alternate Phone Number:					
Email Address:					

Transportation

Project SEARCH encourages its Interns to work towards independence and being confident in independently managing transportation to and from work.

How will you get to Project SEARCH and work every day?	<input type="checkbox"/> Own Vehicle	<input type="checkbox"/> Public Transportation	<input type="checkbox"/> Ride with friend/family
	<input type="checkbox"/> Walk	<input type="checkbox"/> Bike	<input type="checkbox"/> Ride Share (Lyft, Uber)
Public Transportation	I am willing to learn public transportation:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	I am eligible or will apply for Access Link (NJ Para-Transit Service)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Education and Training

Do you have a high school diploma or equivalent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name of high school and graduation date:		
Other Education/Programs (check all that apply)	<input type="checkbox"/> Technical	<input type="checkbox"/> Some College
	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's
List any occupational license or training certificates that you current hold:		

Employment Experience

Employer 1

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
On Site Job Coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for Leaving	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Employer 2

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
On Site Job Coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for Leaving	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Employer 3

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
On Site Job Coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for Leaving	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Employer 4

Employer Name:			
Job Title:			
Start Date:		End Date:	
Supervisor Name:			
On Site Job Coach?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties:			
Reason for Leaving	<input type="checkbox"/> Terminated	<input type="checkbox"/> Resigned	<input type="checkbox"/> Other
Please explain:			

Job Readiness & Future Employment Preferences

What is your career of interest?					
How do you want to be employed upon the completion of Project SEARCH? Check all that apply.	<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		<input type="checkbox"/> Either
	<input type="checkbox"/> 1st Shift (Day)		<input type="checkbox"/> 2nd Shift (Evening)		<input type="checkbox"/> 3rd Shift (Overnight)
	<input type="checkbox"/> Weekdays		<input type="checkbox"/> Weekends		<input type="checkbox"/> Evenings
Do you plan to work while attending the Project SEARCH program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where?			How many hours?

References

List three references of a non-related individual (i.e. previous employer, school/program staff, neighbor, etc.)

Reference 1

Reference Full Name:					
Relationship to Applicant:					
Reference Phone Number:					
Reference Email:					

Reference 2

Reference Full Name:					
Relationship to Applicant:					
Reference Phone Number:					
Reference Email:					

Reference 3

Reference Full Name:	
Relationship to Applicant:	
Reference Phone Number:	
Reference Email:	

Additional Questions

Why do you want to participate in the Project SEARCH program?	
How did you hear about Project SEARCH?	

Compliance, Universal Release and Equal Opportunity

1. Acceptance into the Bergen County Project SEARCH Program is dependent upon the Advisory Committee’s review.
2. **Compliance:** An applicant’s status within the program is contingent upon adherence to the policies and procedures of Project SEARCH. By signing, the applicant and/or guardian agree to comply.
3. **Universal Release:** The applicant’s records (DVRS, DDD, DDS) may be released for review by the Project SEARCH Program Staff and Advisory Committee.
4. **Equal Opportunity:** Project SEARCH placement will be made without regard to race, color, age, sex, national origin, cultural or economic background, housing circumstances, or presence of a disability.

Applicant’s Signature		Date:	
Legal Guardian’s Signature		Date:	
Did anyone help you complete this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If you answered yes, please complete the section below.</i>			
Application Completed By:			
Name of Individual			
Relationship to Individual			
Phone Number:		Email:	

Project SEARCH Intern Contract

The Intern will be asked to sign this upon acceptance into the Bergen County Project SEARCH Program. Read, sign, and date the Intern Contract below.

I, [Click here to enter text.](#), understand that if I am accepted into the Bergen County Project SEARCH program that I must abide by the following terms and conditions.

- I understand that I am responsible for transportation to the host site.
- I will learn to use public transportation when available.
- I will complete at least three unpaid internships at my assigned Project SEARCH program location unless I am hired for a competitive employment position prior to the end of the program year.
- I will attend the program every day as scheduled.
- I will maintain appropriate behavior in the workplace without immediate supervision.
- I will dress appropriately and wear required attire.
- I will call my skills trainer and department supervisor when I am absent or tardy.
- I will follow all of the rules established by the program and the host business.
- I will attend meetings with my parents, skills trainers, VR counselor and/or DDD support coordinator (as applicable), and host business staff.
- I will be an active participant and communicate any issues at our scheduled meetings.
- I will actively pursue competitive employment during the program and after program completion.

My goal is to achieve competitive employment in the community, and I understand this goal to be the primary reason for acceptance into the program.

Project SEARCH collects employment outcome information for every participant. As part of placement into the program, I additionally agree to the following:

- If I am not employed by the completion of the program, I will meet and maintain contact with the skills trainer assigned to me.
- I will participate in surveys related to program evaluation and my employment status.
- Prior to program completion, I will provide accurate contact information for follow-up and will respond to inquiries made by the program.

I have read the preceding terms and conditions and agree that if accepted to the program, I will abide by this contract. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

Applicants Signature		Date:	
Legal Guardian’s Signature (if applicable)		Date:	

CONSENT FOR RELEASE OF INFORMATION

Division of Vocational Rehabilitation Services (DVRS)

I authorize the Division of Vocational Rehabilitation Services (DVRS) to release/obtain records for the purpose of Bergen County's Project SEARCH Program.

Full Name:		Date of Birth:	
This consent will be in effect from:		Until (not to exceed 1 yr)	

Information to be released (check all that apply):

<input type="checkbox"/> Comprehensive Evaluation Report <input type="checkbox"/> Treatment Plans <input type="checkbox"/> Individual Education Plan <input type="checkbox"/> Academic Evaluation <input type="checkbox"/> Lab Reports <input type="checkbox"/> Biopsychosocial History <input type="checkbox"/> Medical History <input type="checkbox"/> Exchange of Verbal Information <input type="checkbox"/> Consultations	<input type="checkbox"/> Diagnostic Summary <input type="checkbox"/> Medications <input type="checkbox"/> Developmental History <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Discharge/Aftercare Plan <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Progress Reports (past and current) <input type="checkbox"/> Other information as deemed appropriate, please attach list:
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I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unit, except to the extent that action has been taken in reliance thereon. This form has been fully explained to me, and I understand its content.

Applicants Signature		Date:	
Legal Guardian's Signature (if applicable)		Date:	

Please forward information to the attention of:

Division of Vocational Rehabilitation Services (DVRS)
 ATTN: Jess Cole
 60 State St, Room 203
 Hackensack, NJ 07601

CONSENT FOR RELEASE OF INFORMATION

Division of Developmental Disabilities (DDD)

I authorize the Division of Developmental Disabilities (DDD) to release/obtain records for the purpose of Bergen County's Project SEARCH Program.

Full Name:		Date of Birth:	
This consent will be in effect from:		Until (not to exceed 1 yr)	

Information to be released (check all that apply):

<input type="checkbox"/> Comprehensive Evaluation Report <input type="checkbox"/> Treatment Plans <input type="checkbox"/> Individual Education Plan <input type="checkbox"/> Academic Evaluation <input type="checkbox"/> Lab Reports <input type="checkbox"/> Biopsychosocial History <input type="checkbox"/> Medical History <input type="checkbox"/> Exchange of Verbal Information <input type="checkbox"/> Consultations	<input type="checkbox"/> Diagnostic Summary <input type="checkbox"/> Medications <input type="checkbox"/> Developmental History <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> Discharge/Aftercare Plan <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Progress Reports (past and current) <input type="checkbox"/> Other information as deemed appropriate, please attach list:
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I have been informed that I may revoke this authorization at any time by written, dated communication to the respective unit, except to the extent that action has been taken in reliance thereon. This form has been fully explained to me, and I understand its content.

Applicants Signature		Date:	
Legal Guardian's Signature (if applicable)		Date:	

Please forward information to the attention of:

Division of Developmental Disabilities (DDD)
 ATTN: Intake Unit
 100 Hamilton Plaza, 7th Floor
 Paterson, NJ 07505