

Date Received \_\_\_\_\_  
For \_\_\_\_\_ class



# Project | SEARCH

## Application

Name \_\_\_\_\_

High School/Agency \_\_\_\_\_

- Applicants must be receiving Service Coordination from Monadnock Developmental Services.
- Applicants must have applied to or be receiving services from Vocational Rehabilitation New Hampshire.
- Participants are chosen upon review of completed application packet, reference-checks, and interview with the Selection Committee.



This application enables the Selection Committee to properly assess each applicant’s skills, abilities and background. An applicant, parent, counselor, agency staff, teacher or employer may be contacted by the Selection Committee to gather additional information. Our goal is to select applicants who will be successful in our Project SEARCH program and reach the outcome of competitive employment.

### **Program Requirements**

Interested applicants must meet the following criteria:

- Receive service coordination from Monadnock Developmental Services (MDS)
- Have NH Medicaid open for the Developmental Disabilities (DD) Waiver
- Have current application for, or active services with, Vocational Rehabilitation New Hampshire (VRNH)
- Make a commitment to learn skills to increase employment options
- Commit to applying for competitive employment at the end of the program
- Have an effective method of communication
- Have reliable transportation
- Pass the required drug screening
- Be vaccinated for COVID-19
- Have the ability to work with some degree of independence (the program does not provide 1:1 support)
- Pass the required criminal background check
- Be responsible for his/her/their own personal care
- Provide written endorsement from his/her/their primary supporters to participate in the program and to find employment
- Be able to participate in the program remotely if, due to COVID-19, the need arises

A maximum of 8 students will be accepted into the class.

**\*\*This application packet is used for both high school transition and adult candidates.\*\***

**The information provided as part of the application process will be reviewed by staff from Monadnock Developmental Services, Vocational Rehabilitation New Hampshire and Cheshire Medical Center and other members of Core Team.**

**\*PLEASE NOTE\***  
**IN ORDER TO BE CONSIDERED, THE APPLICATION AND ALL THE REQUIRED DOCUMENTS MUST BE PROVIDED AND COMPLETE.**

## **SELECTION PROCESS**

### **Step One: Application**

- Complete the Project SEARCH application and provide the following documentation:
  - If under 21 years of age; the most recent Individual Education Plan (IEP) including Transition Goals
  - If 21 years of age or older; the current Individual Service Agreement (ISA)
  - Resume
  - Photo
  - 3 reference letters on the Project SEARCH reference form, (1) from a family member/primary supporter, (2) from either school personnel, neighbor, friend, employer, or coworker
  - Copies of any vocational assessments or related assessments that provide information on applicant's strengths and challenges
  
- Submit completed packet to:
  - Email: [ProjectSEARCH@mds-nh.org](mailto:ProjectSEARCH@mds-nh.org)
  - OR
  - Mail to: Monadnock Developmental Services, Attn: Project SEARCH  
121 Railroad St  
Keene, NH 03431

### **Step Two: Interview Process**

If selected for an interview, applicants will have an interview with Selection Committee members. Family and/or primary supporters will participate in separate interviews.

### **Step Three: Acceptance into Project SEARCH**

If selected, applicants will need to complete the following steps:

- Provide MDS with verification of Medicaid and open DD waiver
- Provide confirmation of services from VRNH Services
- Complete CMC background screening to include but not limited to:
  - Criminal record check (felony and misdemeanor)
  - Bureau of Adult & Elderly Services
  - Excluded Parties Lists System review
  - Office of Inspector General
  - TB test, immunization records, immunizations & booster shots up to date (Titers required if documentation is unavailable)
- Required immunizations to include:

Hepatitis B	Measles	Varicella (chicken pox)	Influenza Vaccine
Mumps	Rubella	Adult Dose Tdap (tetanus, diphtheria and pertussis)	COVID-19

*Costs for screenings may be the responsibility of the accepted individual. Financial assistance is available.*



**EDUCATION**

	School Name	Years Attended	Diploma or Certificate of Completion
High School			
Vocational Training Program			
College/University			

**EMPLOYMENT HISTORY**

Have you ever worked? Yes  No

If yes, please provide the following information:

Business	Position	Type: Paid, Internship, or Volunteer	Dates – To/From

Have you ever been fired, asked to leave a job, or quit? Yes  No

If yes, please explain:

## TELL US ABOUT YOURSELF

As a part of the application, we want to learn a little about you. **IN YOUR OWN WORDS**, please answer the following questions. Your answers need to be written on a separate piece of paper, videotaped or tape recorded.

1. Please tell us a little bit about yourself- your likes and dislikes, what you do for fun, your hobbies, etc.
2. What do you hope to learn at Project SEARCH?
3. How do you learn best? (Should we show you? Tell you? Give you an example?)
4. Please tell us about any employment, internship, volunteer work, or chores you do around the house.
5. What type of job(s) are you interested in?
6. Tell us about something you are proud of and something you wish you could do better.

## REFERENCES

References are an important part of the application process. You will need to have (2) non-family/support team members, as well as (1) family/support team member to complete the reference form. Please submit references electronically or by mail to: Project SEARCH c/o Monadnock Developmental Services, 121 Railroad St., Keene, NH 03431 or [ProjectSEARCH@mds-nh.org](mailto:ProjectSEARCH@mds-nh.org)

When choosing someone to be a reference, be sure to select someone who you believe will give an honest and accurate depiction of you. The (2) non-family member references will need to meet the following criteria:

- Have known you for a minimum of 2 years
- Are not related to you
- Can attest to your reliability, character, and integrity

It's important that the people writing your reference feel free to be open and honest. For that reason, we are asking you to waive your right to see the references.

Please check box:  I waive my right to see my references.

Please list the individuals who will be submitting a reference for you.

Name: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

In signing this application, I understand that the Selection Committee made up of representatives from Cheshire Medical Center, Vocational Rehabilitation New Hampshire, and Monadnock Developmental Services, will be reviewing confidential information in order to make a determination on my acceptance into the program.

**I certify that all of the information that I provide on this application and in any interview will be complete, true and accurate. ( Signatures required )**

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Applicant Signature Date

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Service Coordinator Signature Date

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Family Member     Guardian Signature Date

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District Special Education Director Signature Date  
Required for students

**IF ASSISTANCE WAS PROVIDED TO COMPLETE THE APPLICATION, PLEASE COMPLETE THIS SECTION**

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Name	Signature	Relationship	Date
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Please inform us of any accommodations you may require:

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REFERENCE FORMS ON THE NEXT  
PAGE





**REFERENCE for PROJECT SEARCH**

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

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The applicant has requested that you provide a reference for their acceptance into the program. We would appreciate your assessment of his/her/their attributes with which you are familiar. Please complete and return this form. You may also provide a letter of recommendation (optional).

How long and in what capacity have you known the applicant?

Please rate the applicant in each of the categories listed below:

1: Excellent   2: Meets Expectations   3: Doesn't meet expectations   4: Not known by me

<b>Character</b>	1   2   3   4	<b>Comments</b>
Honesty	1   2   3   4	
Integrity	1   2   3   4	
Initiative	1   2   3   4	
Motivation	1   2   3   4	
Independence	1   2   3   4	
<b>Peer Relations</b>		
Cooperation	1   2   3   4	
Independence	1   2   3   4	
Sharing	1   2   3   4	
Self-Control	1   2   3   4	
Social Ability	1   2   3   4	
<b>Work Habits</b>		
Completes Tasks	1   2   3   4	
Follows Directions	1   2   3   4	
Contributes to class	1   2   3   4	
Dependability	1   2   3   4	
Work Ethic	1   2   3   4	

<b>Academic Ability</b>				
Performs at ability level	1	2	3	4
Becomes discouraged easily	1	2	3	4
Finishes assignments	1	2	3	4
Works hard to complete tasks	1	2	3	4
Accepts instruction/criticism	1	2	3	4

What are the applicant's greatest strengths? \_\_\_\_\_  
 \_\_\_\_\_

What support does the applicant need to be successful?  
 \_\_\_\_\_

Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact you if we have any additional questions? Yes  No  If so, the best way to contact you is:  
 \_\_\_\_\_

Overall recommendation for acceptance at Project SEARCH:  
 I highly recommend       I recommend with reservation       I do not recommend

Please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Sign Name: \_\_\_\_\_

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

\_\_\_\_\_ Date: \_\_\_\_\_

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