

Project SEARCH at Dartmouth Hitchcock Medical Center  
Application 2025-2026

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

Current School: (If applicable) \_\_\_\_\_

Forms to Fill Out, Sign and Return, check when complete:

- Project Search Application
- IEP or ISA (most recent)
- Psychological Evaluation and any other Assessments/Evaluations
- Resume (if you have one)

Part 2: School Recommendation \*if you are still in school

Important Note: Upon acceptance all program participants (interns) must comply with Dartmouth Hitchcock Medical Center current Employment Requirements Policy as a Person of Interest, there will be pre-employment screening activities such as criminal background check, health assessment through Occupational Medicine which requires all participants to have the following vaccines: 2 Tuberculosis tests, Measles, Mumps and Rubella (MMR), Varicella, Tetanus/Diphtheria/Pertussis (Tdap), Hepatitis B, and Seasonal Influenza (flu).

Applications can be sent electronically via email to [project.search@hitchcock.org](mailto:project.search@hitchcock.org) or through the US Postal Service at the address below:

Project SEARCH at Dartmouth Hitchcock Medical Center  
One Medical Center Drive, Room 4-H  
Lebanon, NH 03756-0001  
Attn: Brynne L. MacMurtry, Project SEARCH Instructor

For additional questions please call: (603) 650-6439

*To be completed by staff:*

*Date Received:* \_\_\_\_\_

**PART 1: TO BE COMPLETED BY APPLICANT & PARENT/GUARDIAN**

**Applicant Information**

Name (First, MI, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Physical Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email Address \_\_\_\_\_  
 Gender  Male  Female  non-Binary  Other Personal Pronouns: \_\_\_\_\_

**Guardian Information**

Do you have a Legal Guardian?  Yes  No  
 Guardian Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

**Parent Information**

Parent #1: Relationship \_\_\_\_\_  
 Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

Parent #2: Relationship \_\_\_\_\_  
 Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

**Medical Information**

Do you take prescribed medications independently?  Yes  No

Medication	Dosage	Time of Day	Purpose

Do you have any allergies:  Yes  No  
 If yes, what? \_\_\_\_\_

Upon acceptance will you be able to provide proof of health insurance coverage?  Yes  No

## Transportation

Do you currently have a  Non-Drivers ID  Permit  Driver's License (if yes, when does it expire?\_\_\_\_\_)

Will you obtain a driver's license within the next year (not required)?  Yes  No

If yes, when?

Will you have a family/friends provide transportation to Project SEARCH?  Yes  No

If yes, who?

Do you live near public transportation (Advance Transit, MOOver, Tri-Valley Transit, etc.)?  Yes  No

Are you comfortable using public transportation to Project SEARCH?  Yes  No

If not, would you agree to participate in travel training?  Yes  No

If NO to all of the above, how will you travel to Project SEARCH? \_\_\_\_\_

---

## Independent Living

With whom do you live?

Do you use an alarm clock or your smart phone to get yourself up in the morning?  Yes  No

If NO, how do you wake up?

Do you use any devices or aids to assist with your vision?  Yes  No

If yes, please explain the nature of your vision impairment and devices you use:

Do you use any devices or aids to assist with your hearing?  Yes  No

If yes, please explain the nature of your hearing impairment and what devices you use:

Do you use sign language and/or a communication device?  Yes  No

If yes, please explain the nature of your communication impairment and what devices you use:

## High School Information

What High School do/did you attend? \_\_\_\_\_ Town \_\_\_\_\_

Do you have your diploma?  Yes  No If yes, when did you graduate?\* \_\_\_\_\_

*\*If yes, skip the questions below*

What is your projected graduation date? \_\_\_\_\_

Special Education Case Manager Name \_\_\_\_\_ Email \_\_\_\_\_

Has an agreement already been established with your school district or area agency regarding the payment for tuition to attend Project SEARCH?  Yes  No

If yes, please explain \_\_\_\_\_

**Developmental Services Information**

Are you currently eligible for services from a developmental service agency?  Yes  No

If yes, which one? (e.g. HCRS, LSI, UVS, Pathways, etc) \_\_\_\_\_

Name of Case Manager/Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

**Vocational Rehabilitation/Hireability**

Are you currently eligible for services from  Hireability (VT)  Vocational Rehabilitation (NH)

Name of Counselor \_\_\_\_\_ Email \_\_\_\_\_

**Employment Preferences**

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

Full time (30-40 hours)  Part time (16-29 hours)  Either

Please check ALL shifts you are willing to work after graduating from Project SEARCH?

1st Shift (8am-4pm)  2nd Shift (4pm-12am)  3rd Shift (12am-8am)  Weekends

Please list the towns where you are willing to work: \_\_\_\_\_

Do you plan to work in addition to being in the Project SEARCH Program?  Yes  No

If yes, where? How many days/hours per week?

**Support & Accommodations**

Did you work independently at previous jobs or volunteer sites?  Yes  No

Did you receive job coaching or other support in previous jobs or volunteer work?  Yes  No

If yes, what type of support? \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Did you have one-on-one support during any of your work or volunteer experiences?  Yes  No

Did you receive any accommodations in a previous job?  Yes  No

If yes, what type?

Have you found and kept previous employment without assistance?  Yes  No

If yes, which job(s)?

What supports would help you succeed in a job? \_\_\_\_\_

Please list any limitations that affect your ability to work \_\_\_\_\_

If you have a physical disability, please list the kinds of aids, supports or assistive technology that you use \_\_\_\_\_

Keeping in mind that Project SEARCH at DHMC meets Monday – Friday, 8:00 am – 2:45 pm, do you have any health or medical issues that may impact your ability to complete the program?  Yes  No

If yes, please explain:

**Employment & Volunteer History** (if you have a resume, you can skip this section)

Employer Name:		
Job Title:		
Job Duties:		
Dates Employed:		
Hours per week:		Compensation: <input type="checkbox"/> I was paid to work <input type="checkbox"/> I was a volunteer
Reason for leaving/dismissal:		

Employer Name:		
Job Title:		
Job Duties:		
Dates Employed:		
Hours per week:		Compensation: <input type="checkbox"/> I was paid to work <input type="checkbox"/> I was a volunteer
Reason for leaving/dismissal:		

Employer Name:		
Job Title:		
Job Duties:		
Dates Employed:		
Hours per week:		Compensation: <input type="checkbox"/> I was paid to work <input type="checkbox"/> I was a volunteer
Reason for leaving/dismissal:		

**Personal Statement**

Why do you want to come to Project SEARCH, and how do you think Project SEARCH will help you achieve your employment goals? (To be completed in the applicant's words.)

By applying to Project SEARCH program, you are agreeing to abide by the following terms and conditions:

- I will complete at least three unpaid internship rotations within the host business unless offered competitive employment.
- I will conduct myself in a professional manner in the Project SEARCH classroom, within Dartmouth Hitchcock Medical Center and at the assigned internship sites.
- I will attend the program daily from 8:00am - 2:30pm, Monday through Friday according to the Project SEARCH calendar and maintain attendance in accordance with program policy.
- I will dress appropriately and wear the required uniform
- I will notify the Project SEARCH instructor(s) when I am absent or tardy.
- I understand that I am responsible for transportation to the host site.
- I will follow all the rules and policies established by the program and hospital.
- I will attend all progress and employment planning meetings with my Project SEARCH team including parents/guardians, and case manager
- I will be an active participant and communicate any issues or concerns.
- I will actively pursue competitive employment (a minimum of 16 hours per week) upon graduation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I understand and agree to information being shared among the collaborating partners of Project SEARCH at Dartmouth Hitchcock Medical Center, in order to best serve my success in the program; Dartmouth Hitchcock Medical Center, Lincoln Street Inc., Hireability (VT Students) and Vocational Rehabilitation NH (NH students), sending school districts and the host school district in Hartford, VT.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_