

Project SEARCH at Dartmouth Hitchcock Medical Center Application 2026-2027

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 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

How will you travel to Project SEARCH each day?

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?

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

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 following questions**

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 ☐ NA-Never worked/volunteered

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

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 ☐ NA

Did you receive any accommodations in a previous job? ☐ Yes ☐ No ☐ NA/Unsure

If yes, what type?

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

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 part)

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
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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 _____

Project SEARCH at Dartmouth Hitchcock Medical Center Part 2: School Recommendation

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PART 2: SCHOOL RECOMMENDATION

To be filled out by a school district personnel/case manager/teacher

Student Name: _____

Your Name: _____

Organization: _____

Phone: _____

Email Address: _____

Has the applicant met requirements for high school graduation? ☐ Yes ☐ No ☐ N/A

If yes, when will the applicant be accepting their diploma (month/year):

If no, what credit or course work does the applicant need to complete in order to meet graduation requirements?

Does the applicant still receive services from the school? ☐ Yes ☐ No

If yes, when will these services end?

The school district has committed to pay the tuition for the 2026-2027 for this student if they are accepted? ☐ Yes ☐ No

Number of days applicant has been absent in the current year: _____

Number of days applicant has been absent last year: _____

Comments about attendance and punctuality: _____

Has the applicant exhibited any behaviors that would impact his/her ability to independently maintain appropriate behavior in a professional environment? ☐ Yes ☐ No

If yes, please describe: _____

Has the applicant ever been suspended/excluded/removed from the school or program? ☐ Yes ☐ No

If yes, please describe and date: _____

Other than public education, has the applicant received any additional formal employment training? ☐ Yes ☐ No

If yes, please describe and include date(s): _____

Additional Comments (use an additional page if needed): _____

Signature _____ Date _____