**Project SEARCH at Dartmouth Hitchcock Medical Center**
**Application 2027-2028**

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
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**

**Vermont Applicants**

Do you have Medicaid? ☐ Yes ☐ No

Have you made a phone call to PCG (Public Consulting Group) to start the process for becoming eligible for developmental services? ☐ Yes ☐ No

Have you received a letter in the mail from the Developmental Disabilities Services Division saying you are eligible for developmental services? ☐ Yes ☐ No

Are you receiving case management services from: (choose 1)

☐ Benchmark ☐ Columbus ☐NA ☐Unsure

Case Manager's Name_____ Email _____

Which Direct Service Organization are you receiving services from *(or hope to)*?

☐ HCRS ☐ Lincoln Street Inc ☐ UVS ☐NA ☐Unsure

Case Manager's Name_____ Email _____

**New Hampshire Applicants**

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

If yes, which organization do you work with? (Choose 1)

☐ Pathways ☐ Lakes Region Human Services ☐Other_____ ☐Unsure

Case Manager's Name_____ Email _____

**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: ☐ I was paid to work ☐ I was a volunteer |
| Reason for leaving/dismissal: | | |

| **Employer Name:** | | |
|---|---|---|
| Job Title: | | |
| Job Duties: | | |
| Dates Employed: | | |
| Hours per week: | | Compensation: ☐ I was paid to work ☐ I was a volunteer |
| Reason for leaving/dismissal: | | |

| **Employer Name:** | | |
|---|---|---|
| Job Title: | | |
| Job Duties: | | |
| Dates Employed: | | |
| Hours per week: | | Compensation: ☐ I was paid to work ☐ I was a volunteer |
| Reason for leaving/dismissal: | | |

**Personal Statement**

Why do you want to come to Project SEARCH? (To be completed in the applicant's words.)

What do you want us to know about you?

How did you find out about Project SEARCH?

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 _____

**Thank you! We will email you to let you know we got your application.**