



Project | SEARCH®

# Northwestern Medicine Project SEARCH Application

## **Project SEARCH Pre-Application Check List**

Thank you for your interest in Project SEARCH!

Project SEARCH is a transition to work program that lasts for 9 months. The program serves adults with intellectual and developmental disabilities that need an intensive year of career development, internship experience, and support to reach their goals.

Our goal is to select applicants who will be successful in a Project SEARCH Adult program and reach the outcome of competitive employment.

Before submitting your application to [projectsearch@parents-alliance.org](mailto:projectsearch@parents-alliance.org), please review the questions below to ensure you meet the eligibility requirements.

- ☐ Yes ☐ No      **Are you 18 to 24 years old and have a disability?**
- ☐ Yes ☐ No      **Do you have reliable transportation to and from the program?**
- ☐ Yes ☐ No      **Are you willing to obtain competitive employment working at least 16 hours per week at the conclusion of the program?**
- ☐ Yes ☐ No      **Are you able to independently handle your self-care and medication (if applicable)?**
- ☐ Yes ☐ No      **Do you have an open case with the Division of Rehabilitation Services (DRS)?**  
*\*Huntley Hospital Only*
- ☐ Yes ☐ No      **Males only: Are you Selective Service Compliant?\***  
*\*Project SEARCH is partly funded by the Workforce Innovation and Opportunity Act which requires compliance with Selective Service.*
- Yes      No      Are you able to meet the vaccination requirements set forth by Northwestern Medicine for Project SEARCH interns?**  
*\*This includes vaccination or documented immunity to the following communicable diseases:*  
*- Measles*  
*- Mumps*  
*- Rubella*  
*- Varicella*  
*- Seasonal Influenza (required annually from October 1–May 1)*  
*- Tdap (required only for employees who provide direct patient care)*

## **Application Purpose:**

The purpose of this application is to outline the skill set of the Project SEARCH applicant. This application enables the Selection Committee to properly assess each applicant's interest, skills, abilities and background.

A parent, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information.

**Please select the program(s) of interest:**

☐ **Project SEARCH Delnor Hospital**  
300 S. Randall Road  
Geneva, IL 60134

☐ **Project SEARCH Huntley Hospital**  
10400 Haligus Road  
Huntley, IL 60142

## **Application Check List:**

Required documents to apply for the Project SEARCH program:

- ☐ **Completed Application**
- ☐ **Copy of Most Recent Individual Education Plan (IEP)**
- ☐ **Copy of High School Diploma\***

*\*You may still apply if you have not received your diploma. If you are accepted to Project SEARCH, you MUST provide a copy of your high school diploma at the time of Intake.*

Please send your completed application packet to **[Projectsearch@parents-alliance.org](mailto:Projectsearch@parents-alliance.org)**

After the Section Committee receives and reviews all applications, applicants will be contacted to attend Assessment and Interview Day. Upon completion of Assessment and Interview day, applicants will be notified of a decision via email that is listed on this application.

## **Applicant Information:**

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Primary Disability \_\_\_\_\_ Secondary Disability \_\_\_\_\_

Receiving Government Benefits?

☐ None ☐ SSI ☐ SSDI ☐ Medicaid ☐ Medicare ☐ SNAP ☐ Other \_\_\_\_\_

## **Parent/Guardian Information:**

Are you your own guardian? ☐ Yes ☐ No If no, who is your guardian? \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

Parent Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Parent Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

## **Emergency Contacts:**

Please list one person that does not live with you.

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_

## **Education:**

High School Name \_\_\_\_\_

Did you receive your diploma/GED? \_\_\_\_\_ Graduation Month and Year \_\_\_\_\_

College or University Name \_\_\_\_\_

Degree or Certificate \_\_\_\_\_ Graduation Month and Year \_\_\_\_\_

Do you have plans to continue your education?

\_\_\_\_\_

## **Attendance at School, Work, Volunteering, or other Recreational Activities**

☐ I have had no absences or tardies within the past year

☐ I have had 1-5 absences or tardies within the past year

☐ I have had 5-10 absences or tardies within the past year

☐ I have had 10 or more absences or tardies within the past year

☐ I have a medical condition that requires frequent hospital stays/excessive doctor/clinic visit

If you were going to be late to Project SEARCH, what would you do?

\_\_\_\_\_

\_\_\_\_\_

## **Employment/Volunteer History:**

Please use the following tables to provide any job experiences (paid, unpaid, vocational training, volunteer, etc.) List most recent work history first:

☐ **Paid**      ☐ **Volunteer**      ☐ **Vocational Training/School**

|                     |                     |                      |
|---------------------|---------------------|----------------------|
| Employer:           | Job Title:          |                      |
| Address:            | City:               | Zip Code:            |
| Supervisor & Title: | Contact Number:     | Dates of Employment: |
| Employer Email:     | Hours Worked:       | Wage:                |
| Job Duties:         | Reason for Leaving: |                      |

☐ **Paid**      ☐ **Volunteer**      ☐ **Vocational Training/School**

|                     |                     |                      |
|---------------------|---------------------|----------------------|
| Employer:           | Job Title:          |                      |
| Address:            | City:               | Zip Code:            |
| Supervisor & Title: | Contact Number:     | Dates of Employment: |
| Employer Email:     | Hours Worked:       | Wage:                |
| Job Duties:         | Reason for Leaving: |                      |

☐ **Paid**      ☐ **Volunteer**      ☐ **Vocational Training/School**

|                     |                     |                      |
|---------------------|---------------------|----------------------|
| Employer:           | Job Title:          |                      |
| Address:            | City:               | Zip Code:            |
| Supervisor & Title: | Contact Number:     | Dates of Employment: |
| Employer Email:     | Hours Worked:       | Wage:                |
| Job Duties:         | Reason for Leaving: |                      |

☐ **Paid**      ☐ **Volunteer**      ☐ **Vocational Training/School**

|                     |                     |                      |
|---------------------|---------------------|----------------------|
| Employer:           | Job Title:          |                      |
| Address:            | City:               | Zip Code:            |
| Supervisor & Title: | Contact Number:     | Dates of Employment: |
| Employer Email:     | Hours Worked:       | Wage:                |
| Job Duties:         | Reason for Leaving: |                      |

## **Employment Preferences & Skills:**

What is your current career of interest?

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When you are hired for paid employment, how many hours do you want to work? Please check both if applicable:

Full-time: (40+hours/week) ☐

Part-time: At least 16 hours/week ☐

Are you willing to work holidays and/or weekends?

Yes ☐

No ☐

Will you be able to pass a pre-employment drug test?

Yes ☐

No ☐

Will you be able to pass a criminal background check?

Yes ☐

No ☐

What kind of work would you absolutely NOT like to do?

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List any activities currently involved in outside of Project SEARCH that affect availability to work (school, recreational activities, counseling, etc.):

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Hours of availability – Please list timeframes that you are available for work each day

|        | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|--------|---------|-----------|----------|--------|----------|--------|
| Start: |        |         |           |          |        |          |        |
| End:   |        |         |           |          |        |          |        |



## **Transportation:**

How do you plan to get to Project SEARCH?

- ☐ I have my own car, driver's license, and insurance
- ☐ I know how to use public transportation
- ☐ I am willing to learn to use public transportation
- ☐ I use door-to-door or para-transit system independently (Pace or McRide)
- ☐ Parents or guardian makes appointment for me
- ☐ I make my own appointment
- ☐ I have family members/other who are willing to provide on-going transportation

Other transportation options: \_\_\_\_\_

## **Health Information**

Medications taken by applicant:

| Medication | Dosage | Purpose | Side Effects |
|------------|--------|---------|--------------|
|            |        |         |              |
|            |        |         |              |
|            |        |         |              |

Do you have any health or medical limitations that may impact your ability to work?

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Do you have any other challenges or limitations that may impact your ability to work?

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Please explain any accommodations or modifications needed to address these limitations:

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## **Project SEARCH Questionnaire:**

What activities or hobbies do you enjoy doing in your free time?

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Name major strengths or talents that you possess:

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Name a few areas that you want to improve on:

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How do you react when someone gives you feedback?

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What causes you to feel stressed out?

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Why do you want to participate in Project SEARCH?

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## **Communication & Behavior:**

|   |                                 |                                    |                                |
|---|---------------------------------|------------------------------------|--------------------------------|
| I respond when someone speaks to me   | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I make eye contact when talking to others   | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I use an appropriate tone of voice  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I am comfortable starting a conversation  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I engage in appropriate conversations   | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I use appropriate body language   | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I am aware of personal space  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I swear/use profanity inappropriately   | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I lose my temper with others  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I display aggressive behaviors  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I use a cell phone at appropriate times   | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I am easily understood by others  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I have trouble getting my message across to others  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I use adaptive equipment to communicate   | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I use an interpreter and/or sign language to communicate  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I work cooperatively with others  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I talk about the same topics over and over again  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I have acted aggressively in a school/work setting  | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| I engage in flirting, inappropriate touching or public displays of affection such as holding hands, hugging, or kissing | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

## **Life Skills & Independence:**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| I want to get a job and be independent                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| My family supports the goal of competitive employment in the community | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can access personal information to complete a paper application      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I have had experience with completing online applications              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am able to count money and make change accurately                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can be on my feet for 4 hours without breaks                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am independent with toileting needs                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I take daily showers/baths without reminders                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am able to dress appropriately for the weather                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can read a digital clock and tell time                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can read a face clock and tell the time                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I know keep track of time  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am on time for my appointments or work day                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| After lunch or a break, I get back to class or work on time            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can make an appointment by phone                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can be home alone  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I do chores such as making the bed and taking out the trash            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can prepare a lunch or a snack                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I understand what foods are good for me                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I am able to stay awake for a 6 to 8 hour day                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I followed my school dress code or work uniform                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can write on my own  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I stay on task until it is finished                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If interrupted, I can return to the task and finish it                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I ask for help when I need it  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## **Technology:**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| I have basic keyboarding skills and use correct typing techniques     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I have basic keyboarding skills and use only two fingers to type      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can use Microsoft Word to create letters and other documents        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can use Microsoft Excel and create spreadsheets and other documents | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I use email correctly and regularly                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can access the internet to get information                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I can use the computer to play games, watch TV, and listen to music   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I use a cell phone to talk to others                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I use a cell phone for texting  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## **References:**

Please list three Non-Family References who have firsthand knowledge of your work.

*\*By providing the following references you allow PAEP staff to perform a reference check.*

|    | Name | Phone number | Email | Relationship |
|----|------|--------------|-------|--------------|
| 1. |      |              |       |              |
| 2. |      |              |       |              |
| 3. |      |              |       |              |

## **Applicant/Parent/Guardian Consent:**

1. By signing this application, you are agreeing to release the above information to Parents Alliance Employment Project and the collaborative partners within the Selection Committee. The use of the provided information will be kept confidential and will only be shared by the aforementioned parties unless otherwise specified.
2. Offer of selection is contingent upon completion of the full application, participation in the Assessment and Interview Day, and is at the sole discretion of the Selection Committee.
3. Equal Opportunity: Parents Alliance Employment Project and associated collaborative partners provides equal opportunities to all applicants and participants and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of participation, including application, selection, placement, follow up, termination, leave of absence, and training.

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

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