

7. Over the Counter Medications currently taking:

Please list any health or medical issues that may impact a successful job placement.

2. Please list any limitations that may impact an internship rotation or employment.

H. Service Agencies and Benefits

1. Do you have a Vocational Rehabilitation Counselor? (VR/DRS or SVBI) Yes or No

Counselor's Name: _____ Business Phone: (____) ____ - _____

2. Are you receiving the following?

SSDI: Yes or No **SSI:** Yes or No

I. Behavioral Summary

1. Do you have any behaviors that might impact a successful job placement? Yes or No

Please detail all behaviors and characteristics: _____

J. Severe Allergies

1. Do you have any severe allergies such as latex, bees, peanuts, gluten, or shell fish that we should be aware of? **Yes or No**

If yes, please explain: _____

STUDENT RESPONSE QUESTION

1. Why do you want to come to Project SEARCH, what are your goals, and what outcome do you hope to achieve? (Student may complete by using space below or attaching a separate sheet)

2. Provide three references (Not family members).

Name	Relation to you	Phone Number	Email Address
1. _____	_____	(____) _____ - _____	_____
2. _____	_____	(____) _____ - _____	_____
3. _____	_____	(____) _____ - _____	_____

This application has been completed by:

Name	Relationship to Applicant	Phone Number	Date
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Signature of Student or Guardian

If you are accepted into the Project SEARCH program you must abide by the following terms and conditions and will be required to sign a Student Participation Contract:

- I understand Project SEARCH is a one (1) school year training program and I will actively pursue competitive employment when I have completed the program.
- I understand that Project SEARCH is a School District program and will adhere to Resident District policies and procedures, unless otherwise specified.
- I understand that Rapid City Monument Health Project SEARCH follows the national Project SEARCH curriculum.
- I will complete my assigned job rotations within the host business.
- I will attend the program every day as scheduled.
- I understand that the Project SEARCH program correlates with the school calendar.
- I will dress appropriately and wear required attire.
- I will call my instructor when I am absent or tardy.
- I will learn to use public transportation when available.
- I will follow all the rules established by the program and host business.
- I will attend and be an active participant at our meetings with my rehabilitation counselor, parents, teachers, and business staff.
- I will obtain a state issued identification card and provide a copy on or before the first day of the program.
- I will provide a copy of my social security card and birth certificate on or before the first day of the program.
- At completion of the program, I will receive my high school diploma/certificate of completion and pursue competitive employment.