



Project | SEARCH of the Black Hills

Student Application Packet

Applicant Name: _____

School of Residence: _____

**2021-2022 Student Applications must be received
no later than Friday, February 26, 2021.**

Mail to Heather Hoeye at 730 East Watertown Street

Rapid City, SD 57701

Or Email to hhoeye@tie.net

Nondiscrimination

It is the policy of Black Hills Special Services Cooperative (BHSSC) not to discriminate on the basis of any protected group status in its educational programs, activities, or employment policies and activities as required by following state and federal laws and regulation. Inquiries regarding non-discriminatory policies may be directed to the BHSSC Title IX Coordinator or to the South Dakota Regional US Office for Civil Rights listed below.

Gloria Pluimer
Title IX Coordinator
730 East Watertown Street
Rapid City, SD 57701
605-394-5120

South Dakota Regional US Office for
Civil Rights:
999 18th Street Suite 417
Denver, CO 80202
Fax: 303-844-2025
TDD: 800-368-1019
Email: OCR.KansasCity@ed.gov

I. Application Purpose & Guidelines

This application will help identify and outline the Project SEARCH student's skills and abilities. This provides the information necessary for the Selection Committee to assess the candidate's skills, abilities, and background. The Selection Committee may establish contact with the student, parents or legal guardians, past, present, or current employer, in addition to previous school faculty, e.g., principals, teachers, and counselors, to collect, confirm or validate additional information. Information will be used to identify and satisfy eligibility criteria for program acceptance. The goal is to identify students who will benefit from the Project SEARCH program, and to achieve competitive employment for 100% of the students.

The Selection Process includes the following

1. Students will be provided the opportunity to visit the host business site to observe the culture, possible rotations, meet the instructor and job coaches before acceptance into the Project SEARCH Program.
2. Late applicants must meet all entrance criteria and will be discussed by the selection committee on a case-by-case basis.
3. Out of state applicants may be considered by the selection committee on a case-by-case basis unless we are at capacity to serve students from South Dakota. The home state school district and home state VR (or an alternate source) will have to provide appropriate funding.
4. Send the completed application to:
Project SEARCH
Attn: Heather Hoeye
730 East Watertown Street
Rapid City, SD 57701
OR email to hhoeye@tie.net
5. The Selection Committee members will receive a copy of each application. Applications will be reviewed to determine if the student's interests and skills align with the goals of the Project SEARCH Program.
6. Interviews will be set-up with the student and guardian (if applicable) and the Selection Committee.
7. If selected for participation in Project SEARCH, an IEP will be developed with the IEP team for the upcoming school year.

II. Project SEARCH Application Packet Checklist

The following items **are required**, and must accompany the applicant's submission.

- ☐ The Completed Application.
- ☐ The Current Individual Education Plan (IEP), with Transition Goals.
- ☐ The Current Multidisciplinary Team Report and Determination of Special Education Services.
- ☐ The Applicant's attendance records from the most recent school.

The Following Items Must Be Provided Upon Acceptance

1. Copy of Birth Certificate.
 2. Copy of Social Security Card.
 3. Current Immunization Records.
- (Please be advised, Monument Health requires a current drug screen and background check)

Student Application

A. Student Information

Date of Birth: ____ - ____ - ____

☐ Male ☐ Female

Student Name: _____

Social Security Number: ____ - ____ - ____

Street Address: _____

Home Phone: (____) ____ - ____

City _____ State: ____ Zip: _____

Cell Phone: (____) ____ - ____

B. Parent/Guardian Information

Parent/Guardian: (living in applicant's household) _____ Cell phone: _____

Relationship to student (i.e. Father, Mother, Grandparent) _____

Address: _____
Street City State Zip Code

Home Phone _____ Primary E-Mail Address: _____

Work Place: _____ Work Phone: _____ E-Mail Address: _____

Parent/Guardian: _____ Cell phone #: _____

Relationship to student (i.e. Father, Mother, Grandparent etc.) _____

Address: (if different from above) _____
Street City State Zip Code

Work Place: _____ Work Number: _____ E-Mail Address: _____

Is the applicant his/her own legal guardian? *If guardianship has been established by a parent(s) or another party at age 18, then please answer **no** to this question.* Yes ☐ No ☐

If **no**, please provide the Legal Guardian's name: _____

Note to Students and Parents/Guardians

Final placement into Project SEARCH will depend upon the Individual Education Plan (IEP) meeting and the Selection Committee. The student will seek competitive employment before the end of the school year.

RELEASE OF RECORDS:

The records for the student identified above may be transferred to Project SEARCH, their representatives, and to members of the Selection Committee, from his/her School of Residence to establish eligibility, and potential acceptance, pending review.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

C. School Information

1. School District of Residence: _____

2. School/Program Currently Attending: _____

D. Case Manager Use Only

Has the student met High School completion requirements? ☐ Yes ☐ No

Attendance:

Days absent: Previous School Year: _____ Current School Year : _____

Times Tardy: Previous School Year: _____ Current School Year : _____

Additional comments about attendance:

Arrangements must have been made to defer the High School Diploma/Certificate of Attendance. Has this been completed?

Yes or No

Comments: _____

Case Manager's Name: _____

Date: _____

Case Manager's Signature: _____

Date: _____

Project SEARCH selection criteria

- Committed to work competitively in the community at the conclusion of the Project SEARCH program.
- Be at least 18 years of age.
- Has met high school completion requirements.
- Agree that this will be the last year of student services provided by their resident district.
- Must be on an Individual Education Plan (IEP) with their resident school district.
- Must be on an Individual Plan for Employment (IPE) with Vocational Rehabilitation.
- Have independent personal hygiene and grooming skills.
- Have independent daily living skills.
- Demonstrate workplace behavior and social skills.
- Take direction from supervisors.
- Be able to communicate effectively.
- Prefer previous experience in a work environment (including school, volunteer, and/or paid work).
- Be able to pass a background check.
- Have immunizations up to date.

E. Employment Information/Volunteer History and Preferences

1. Employer/Volunteer Site: _____ Supervisor's Name: _____
Address: _____ Phone Number: _____
Job Title: _____ Wage: Starting: _____ Ending: _____
Dates of Employment: _____ - _____ Wage: Unpaid _____
Job Duties: _____

2. Employer/Volunteer Site: _____ Supervisor's Name: _____
Address: _____ Phone Number: _____
Job Title: _____ Wage: Starting: _____ Ending: _____
Dates of Employment: _____ - _____ Wage: Unpaid _____
Job Duties: _____

3. Employer/Volunteer Site: _____ Supervisor's Name: _____
Address: _____ Phone Number: _____
Job Title: _____ Wage: Starting: _____ Ending: _____
Dates of Employment: _____ - _____ Wage: Unpaid _____
Job Duties: _____

4.

Have you ever been fired or let go from a job? Yes or No

If Yes, how many, and why: _____

5. Will you actively search for employment during, and after the Project SEARCH year, until employment is obtained? Briefly illustrate your plan to seek, locate, and maintain competitive employment, as well as the times and frequency you plan on committing; e.g., 1-5 hours a week.

Will you be seeking: ☐ Full Time employment, often 38-40 hours a week?

☐ Part time employment, between 16-38 hours a week?

I am willing to work:

☐ Weekdays

☐ AM

☐ PM

☐ Evenings

☐ Weekends

☐ Overnights

☐ Holidays

☐ Overtime

F. Independent Living

1. Have you identified reliable methods of transportation? Yes or No

Please detail all methods: _____

2. How will you get to work if the above method becomes unavailable?

Taxi _____ Bus _____ Personal Vehicle _____ Carpool _____
Transportation Provided by School _____ Other: _____

G. Medications

Prescription Medication(s)

1. Name: _____ Time taken and Dosage amount: _____
Side Effects (such as drowsiness): _____ Prescribed For: _____
How long have you been taking this medication? _____
2. Name: _____ Time taken and Dosage amount: _____
Side Effects (such as drowsiness): _____ Prescribed For: _____
How long have you been taking this medication? _____
3. Name: _____ Time taken and Dosage amount: _____
Side Effects (such as drowsiness): _____ Prescribed For: _____
How long have you been taking this medication? _____
4. Name: _____ Time taken and Dosage amount: _____
Side Effects (such as drowsiness): _____ Prescribed For: _____
How long have you been taking this medication? _____
5. Name: _____ Time taken and Dosage amount: _____
Side Effects (such as drowsiness): _____ Prescribed For: _____
How long have you been taking this medication? _____
6. Name: _____ Time taken and Dosage amount: _____
Side Effects (such as drowsiness): _____ Prescribed For: _____
How long have you been taking this medication? _____

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: _____

I. 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

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.