



Creating Partnerships in the Community  
Chelan Douglas Developmental Disabilities

# Project SEARCH Application

## *Eastmont High School*

Thank you for your interest in Project SEARCH!

**Project SEARCH** is a 10 month employment preparation program for young adults with intellectual and developmental disabilities who are entering their last year of school. Interns participate in three internships to explore a variety of career paths and are completely immersed into the workplace at Stemilt. This immersion facilitates a seamless combination of classroom instruction, career exploration, and hands-on training through worksite rotations as well as allowing interns to gain experience working in a variety of settings. The focus is teaching interns employability skills with the program culminating in individualized job development. The **goal** is for interns to gain **competitive employment**.

### To apply you must be:

- Between the ages of 18-21 years old
- Enrolled in High School
- On an Individualized Educational Plan (IEP)
- Eligible for Department of Vocational Rehabilitation (DVR) services

### There are 4 steps to the process:

**Step 1:** You and your parent/guardian must complete this application and then mail or email it to:

- Mail to: Eastmont High School, Attn: Michelle Sadewasser, 355 3rd St NE, East Wenatchee, WA 98802
- Email to: [ProjectSEARCH@eastmont206.org](mailto:ProjectSEARCH@eastmont206.org)

**Step 2:** The Project SEARCH Selection Team will:

- Gather documents and information from the school and other agencies.
- Review these and consider your strengths, needs, and eligibility.
- Decide if you can move forward in the process.
- Inform you and your parent / guardian of next steps.

**Step 3:** If you are eligible to move forward, you may be asked to participate in a Skills Assessment Day.

- Friday, March 17th, 2023 (*subject to change*)

**Step 4:** The Selection Team will:

- Review the Assessment Day and prior information, and then select the interns for the next year.
- Contact you and your parent / guardian to let you know if you were accepted.



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## Project SEARCH Application

Please fill out this form. Your parent / guardian and/or someone from your school can help you, if needed.

You can watch this video about Project SEARCH: (<https://www.youtube.com/watch?v=8juNYG6nP1U>).

### Contact Information

#### 1. Intern / Applicant

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_\_

#### 2. Parent / Guardian

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

#### 3. Parent / Guardian

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

#### 4. Is someone helping you fill out this form?

If yes, please list their name and email or phone number here:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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## Guardian

5. Are you your own legal guardian?  Yes  No
6. If not, what is the name of your legal guardian? \_\_\_\_\_  
What is this person's relationship to you? \_\_\_\_\_

## Education History

7. What is your current high school? \_\_\_\_\_
8. What is your current high school case manager's name? \_\_\_\_\_
9. Will you have met your high school requirements for graduation at the end of this school year?  
 Yes  No

## Work History

10. Use the chart below to list any volunteer work, non-paid training, and paid work experience you have had.

Workplace	Dates of work	Work duties	Non-paid or paid?

The goal of Project SEARCH is for you to get a job where you:

- Work in an integrated setting. This means you work with people with and without disabilities.
- Are paid a competitive wage for the job.
- Work at least 16 hours each week, with the **goal** to work full time.



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11. Are you willing to work 16 or more hours a week in an integrated setting after you finish Project SEARCH? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Where would you like to work after you finish Project SEARCH?  
\_\_\_\_\_

13. Does your family support your work goals? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Eligibility for Other Services**

14. Have you been approved for services with the Department of Vocational Rehabilitation (DVR)? \_\_\_\_\_ Yes \_\_\_\_\_ No

- If so, who is your counselor? \_\_\_\_\_
- If not, have you applied? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, what was the date you applied? \_\_\_\_\_
- If you have not applied, please contact **Laura Hamilton** at [laurahamilton@dshs.wa.gov](mailto:laurahamilton@dshs.wa.gov) 509-960-0855

15. Have you been approved for Developmental Disabilities Administration (DDA)? \_\_\_\_\_ Yes \_\_\_\_\_ No

- If so, who is your case manager? \_\_\_\_\_
- If not, have you applied? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If you have not applied, please contact **Linda Kesti** at [lindakesti@dshs.wa.gov](mailto:lindakesti@dshs.wa.gov) 509-668-9065

**Personal Statement (Answer the Questions Below)**

*(If this section is scribed, please write the exact words used by the student. Use as much space as needed.)*

16. Why do you want to be a Project SEARCH intern? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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17. What do you want us to know about you?

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18. How did you find out about Project SEARCH?

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### Release of Information

After looking at this form, the Selection Team will reach out to your school and agency contacts. They will inquire for additional information as needed to determine eligibility.

*This will include:*

- Education documents such as: Evaluation Team Report (ETR), Individualized Education Program (IEP), attendance and health records, assessments
- DVR documents such as: Individualized Plan for Employment (IPE), other assessments
- Other support documents as needed

19. You and your parent / guardian will need to sign the accompanying "Release of Information" form.

Do you have any concerns about this release of information? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain:

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## Project SEARCH Intern Agreement Example

You and your parent / guardian will need to sign this agreement *if you are accepted* into the program.

I, *(insert name here)*, understand that *if I am accepted* into the Project SEARCH program

- I will complete at least 3 unpaid internships at Stemilt Growers.
- I will attend the program every day from 7:30 am- 2:00 pm, Monday-Friday.
- I will follow the Stemilt dress code and arrive looking clean and neat.
- I will contact my instructor and mentor when I am absent or tardy.
- I will make up any assignments I miss if I am absent.
- I will follow all the rules of Stemilt Growers and of the Project SEARCH program.
- I will attend all meetings with my DVR counselor, DDA Case Manager, parent / guardian, instructor, skills trainers, and Stemilt staff.
- I will participate in and discuss any issues and topics at my Employment Planning Meetings.
- I will actively look for a job that is 16 hours a week or more in an integrated setting.

I have read the statements above. I agree to these terms. I accept my placement in the Project SEARCH program. I understand that I may be asked to leave Project SEARCH if I do not follow these terms.

20. Do you or your parent / guardian have any concerns signing the above intern agreement upon acceptance?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

21. If yes, please explain:

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## Transportation

How do you plan to get to/from Stemilt? \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Link \_\_\_\_\_ Link Plus \_\_\_\_\_ Other

**Thank you!**



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## Disclosure of Consumer Records to Project SEARCH Partners Release of Information

This form gives permission for the **SCHOOL** (identified below) to disclose personally identifiable information from the records of the individual below. Information will be released to the Project SEARCH Partners (Stemilt Growers, Eastmont, Chelan Douglas Developmental Disabilities (CDDD) Department of Vocational Rehabilitation (DVR), Developmental Disabilities Administration (DDA), Link Transit, etc.) to support the application process.

**Student Name** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_ DOB \_\_\_\_\_

**Address** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Primary Contact Information** \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Name of Current High School** \_\_\_\_\_  
 School \_\_\_\_\_ District \_\_\_\_\_

**School Address** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Information to Use or Disclose**

**Please Check ALL that Apply**

Demographic Information   
  Attendance Records   
  Individual Plan for Employment (IPE)   
  Diagnostic Records  
 Psychological Evaluations   
  Planning Documents   
  Individual Educational Plan (IEP)   
  Planning Documents  
 Medical Documentation   
  Other

Signature of Intern / Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If received assistance to complete application, name of person/relationship: \_\_\_\_\_



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## Disclosure of Consumer Records to Project SEARCH Partners Release of Information

This form gives permission for the **Division of Vocational Rehabilitation (DVR)** to disclose personally identifiable information from the records of the individual below. Information will be released to the Project SEARCH Partners (Stemilt Growers, Eastmont, Chelan Douglas Developmental Disabilities (CDDD) Department of Vocational Rehabilitation (DVR), Developmental Disabilities Administration (DDA), Link Transit, etc.) to support the application process.

**Student Name** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_ DOB \_\_\_\_\_

**Address** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Primary Contact Information** \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Agency** **Division of Vocational Rehabilitation (DVR)**  
 Agency

**Agency Address** **805 South Mission St.** **Wenatchee** **WA 98801**  
 Address City State/Zip

**Information to Use or Disclose**

**Please Check ALL that Apply**

Demographic Information   
  Attendance Records   
  Individual Plan for Employment (IPE)   
  Diagnostic Records  
 Psychological Evaluations   
  Planning Documents   
  Individual Educational Plan (IEP)   
  Planning Documents  
 Medical Documentation   
  Other

Signature of Intern / Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If received assistance to complete application, name of person/relationship: \_\_\_\_\_





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## Disclosure of Consumer Records to Project SEARCH Partners Release of Information

This form gives permission for the **Developmental Disability Administration (DDA)** to disclose personally identifiable information from the records of the individual below. Information will be released to the Project SEARCH Partners (Stemilt Growers, Eastmont, Chelan Douglas Developmental Disabilities (CDDD) Department of Vocational Rehabilitation (DVR), Developmental Disabilities Administration (DDA), Link Transit, etc.) to support the application process.

**Student Name** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_ DOB \_\_\_\_\_

**Address** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Primary Contact Information** \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Agency** **Developmental Disability Administration (DDA)**  
 Agency

**Agency Address** **805 South Mission St.** **Wenatchee** **WA 98801**  
 Address City State/Zip

**Information to Use or Disclose**

**Please Check ALL that Apply**

Demographic Information   
  Attendance Records   
  Individual Plan for Employment (IPE)   
  Diagnostic Records  
 Psychological Evaluations   
  Planning Documents   
  Individual Educational Plan (IEP)   
  Planning Documents  
 Medical Documentation   
  Other

Signature of Intern / Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If received assistance to complete application, name of person/relationship: \_\_\_\_\_



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## Disclosure of Consumer Records to Project SEARCH Partners Release of Information

This form gives permission for the **AGENCY** (identified below) to disclose personally identifiable information from the records of the individual below. Information will be released to the Project SEARCH Partners (Stemilt Growers, Eastmont, Chelan Douglas Developmental Disabilities (CDDD) Department of Vocational Rehabilitation (DVR), Developmental Disabilities Administration (DDA), Link Transit, etc.) to support the application process.

**Student Name** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ M \_\_\_\_\_ DOB \_\_\_\_\_

**Address** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Primary Contact Information** \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Agency** \_\_\_\_\_  
 Agency \_\_\_\_\_

**Agency** \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

**Information to Use or Disclose**

**Please Check ALL that Apply**

Demographic Information   
  Attendance Records   
  Individual Plan for Employment (IPE)   
  Diagnostic Records  
 Psychological Evaluations   
  Planning Documents   
  Individual Educational Plan (IEP)   
  Planning Documents  
 Medical Documentation   
  Other

Signature of Intern / Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If received assistance to complete application, name of person/relationship: \_\_\_\_\_