      

*\* Please submit completed applications to:* [kim.weber@campbell.kyschools.us](mailto:kim.weber@campbell.kyschools.us)

**2022 – 2023 Norse Project SEARCH Application**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Applicant Name and Address:** | **Home Phone:** |
| **Cell Phone:** | **School Currently Attending:** |
| **Email:** | **Current Teacher:** |
| **Have you completed an application for Project SEARCH in the past?**  **Yes  No** | |

**Student Questions:**

1. Have you ever had a paying job? Yes  No 
   1. If yes, complete employment history section below.
   2. If no, have you ever applied for a paying job? Yes  No

Employment History: Please list any paying or non-paying jobs you have had from most recent:

|  |  |  |
| --- | --- | --- |
| **Employer Name & Dates Employed** | **Job Duties** | **Paid** |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

1. Did you attend vocational school? Yes  No

If yes, please list name of school and program attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you want to get a job and work? *Mark the answer that best applies.*

Yes, very much. I can’t wait to get a job.

Yeah, I’d like to get a job.

I would like to have a job working 1 or 2 days per week.

No, I really don’t want to work, but I guess I have to.

1. Do your parents/guardian want you to get a job? *Mark the answer that best applies.*

Yes, very much. They can’t wait for me to get a job.

Yeah, they want me to work.

Maybe, they want me to get a little job.

No, they definitely don’t want me to work.

1. What kind of job do you want? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you had school-based work experience? Yes  No
3. Have you participated in school-based community work experience? Yes  No

|  |
| --- |
| Organization: |
| Duties: |
| Hours/Week: |
| Supervisor: |
| Phone #: |
| Dates of Service: |

1. Do you have a driver’s license? Yes  No

If yes, do you have a car? Yes  No

1. Can you use public transportation? Yes  No
2. Do you like to read? Yes  No
3. Do you like to write? Yes  No
4. Do (did) you participate in any of the following? *Mark all that apply.*

Sports  Play an instrument  Choir  Scouts  Church Group  Special Olympics

1. List your hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Can you tell time? Yes  No
3. Have you ever used a cell phone? Yes  No

If yes, do you have your own cell phone? Yes  No

Can you send/receive text messages? Yes  No

1. Do you have a computer at home? Yes  No
2. Do you have regular chores/responsibilities at home? Yes  No

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support Services Questions:**

1. Are you eligible for services from the Office of Vocational Rehabilitation? Yes  No

If yes, list the OVR counselor’s name and phone number.

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

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

1. Are you eligible for services through the Michelle P. Waiver? Yes  No

If yes, list the Michelle P. Waiver case manager’s name and phone number.

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

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

If no, is the student interested in applying for services through the

Michelle P. Waiver? Yes  No

1. Are you your own legal guardian? Yes  No

Please list the names and roles of team members that completed this application:

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

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

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

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

I agree to release of all pertinent school and medical records to the Campbell County Schools and the Project SEARCH staff and screening committee partners.

Applicant (Student) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

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