      

*\* Please submit completed applications to:* 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: \_\_\_\_\_\_\_\_\_\_