

## Project SEARCH Application – Memorial Hospital South Bend

Thank you for your interest in Project SEARCH! Project SEARCH is a transition to work program that lasts for 1 school year. The program serves young adults with intellectual and developmental disabilities that need an intensive year of career development, internship experience, and support to reach their goals. The program embraces interns that have other disabilities (such as: physical and mental health disabilities) and challenges (such as: poverty and homelessness) as well.

To apply you must be:

- At least 18 years old
- Enrolled in a school or receiving young adult services
- Have a current IEP
- Eligible for Vocational Rehabilitation (VR) services

There are 4 steps to the process.

**Step 1:** You and your parent / guardian must complete this application and email it to the following:

- **Trish Hutchison** [hutchisont@adecinc.com](mailto:hutchisont@adecinc.com)
- **Jill Gude** [gudej@adecinc.com](mailto:gudej@adecinc.com)
- **Kathi Agostino** [kagostino@sbcsc.k12.in.us](mailto:kagostino@sbcsc.k12.in.us)

**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 must attend a Skills Assessment Day.

- This is on 3/18/2026 at **(TBD)**. Please put this date on your calendar. We will give you more details about this later.

**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.

## Project SEARCH Application

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

### Contact Information

#### 1. Student/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:

## Guardian

5. Are you your own legal guardian?
6. If no, what is the name of your legal guardian?

## Education History

7. What is your current high school?
8. What is your current teacher's name?
9. What is your current teacher's email?
10. Will you have finished 4 years of high school at the end of this school year?

## Work History

11. Use the chart below to list any volunteer work, non-paid training, and paid work 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 the typical wage for the job.
- Work at least 16 hours each week (with the goal to work full time)

12. Are you willing to work 16 or more hours a week in an integrated setting after you finish Project SEARCH?

13. Where would you like to work after you finish Project SEARCH?

14. Does your family support your work goals?

### **Eligibility for Other Services**

15. Have you been approved for services with Vocational Rehabilitation (VR)?

- If so, who is your counselor?
- If not, have you applied?
- If you have not applied, please go to:  
<https://www.in.gov/fssa/ddars/brs/vocational-rehabilitation-employment/vocational-rehabilitation-application/> to apply.

16. Have you been approved for long term adult support?

- If so, which program did you choose?
- If so, who is your case manager?
- If not, have you applied?
- If you have not applied, please go to: <https://bddsgateway.fssa.in.gov/> to apply.

## **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.)

**17.** Why do you want to be a Project SEARCH intern?

**18.** What do you want us to know about you?

**19.** How did you find out about Project SEARCH?

## **Release of Information**

After looking at this form, the Selection Team will reach out to your school and agency contacts. They will ask for other information to get to know you better.

This will include:

- Education documents such as: Evaluation Team Report (ETR), Individualized Education Program (IEP), attendance and health records, assessments
- VR documents such as: Individualized Plan for Employment (IPE), other assessments
- Long term support documents such as: a functional screen

**20.** You and your parent / guardian will need to sign the accompanying “Release of Information” form found at the end of this application. Do you have any concerns about this release of information?

## Project SEARCH Intern Agreement

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 (South Bend Memorial Hospital)
- I will attend the program every day from 8:00- 2:30 pm (this is subject to change).
- I will follow the 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 (Beacon) and of the Project SEARCH program.
- I will attend all meetings with my counselor, parent / guardian, teacher, skills trainers, and business staff.
- I will participate in and discuss any issues at my meetings.
- I will actively look for a job that is 16 hours a week or more in an integrated setting.
- I understand that I must complete a background check, get a flu shot, and (have received all required vaccinations).

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.

**21.** Do you or your parent / guardian have any concerns with needing to sign this if you are accepted?

**Thank you! We will email you to let you know we got your application.**



## 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 (Host Business, Education Partner, Vocational Rehabilitation, Long Term Support, etc.) to support the application process.

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**Student Name:**

\_\_\_\_\_

Last First M Date of Birth

**Address**

\_\_\_\_\_

Address City State/Zip

**Primary Contact Information**

\_\_\_\_\_

Name Email Phone

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**Name of Agency/School**

\_\_\_\_\_

Agency or School Name District

**Agency Address**

\_\_\_\_\_

Address City State/Zip

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**Information to Use or Disclose**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Demographic Information | <input type="checkbox"/> Functional Screen         | <input type="checkbox"/> Diagnostic Records    |
| <input type="checkbox"/> Attendance Records      | <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Medical Documentation |
| <input type="checkbox"/> IPE/IEP                 | <input type="checkbox"/> Planning Documents        | <input type="checkbox"/> Other _____           |

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Signature of Student Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

If received assistance to complete application, name of scribe: \_\_\_\_\_