Project SEARCH at Emplify Health by Gundersen

Candidate Application 2027-2028

Photo of Candidate:

Candidate Name: _____

High School Attending: _____

Return completed packet or if you have any questions contact:

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Application Purpose and Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate. This application enables the Selection Committee to assess each student candidate's interests, skills, abilities and background. A parent, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information. Our goal is to select students who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

The Selection Process includes the following guidelines:

1. Submit the completed application to the address on your cover letter by Friday, March 5, 2027.
2. Assessment Day will be held on March 18th at Emplify Health by Gundersen in La Crosse, from 9am-11am. Parents must provide transportation unless worked out with the School District.
3. The Selection Committee will review the applications, and send an informational letter in the mail by the end of March. At that time, you will become aware of acceptance into the program
4. If accepted, your IEP and DVR team will meet to plan your transition plan for the 2027-2028 school year.
5. If accepted, students must have up-to-date immunizations, a TB test, background check and have an employee health check prior to starting the 2027-2028 school year.

***Please Note:**

The Selection Committee will include the Host Site Liaison, the Project SEARCH Instructor, Project SEARCH Skills Trainer Liaison, Holmen High School Transition Coordinator, Vocational Rehabilitation Counselor, Emplify Health by Gundersen employees, and other members of the Project SEARCH steering committee.

Order of selection will be:

1 – Students who have finished their necessary credits for graduation

2 – Students who will benefit from participation in a variety of internships 3 – Students enrolled in DVR

4 - Students who desire to gain competitive employment at the end of the Project SEARCH program and work a minimum of 16 hours per week.

APPLICATION FOR ADMISSION

APPLICANT PERSONAL INFORMATION:

Name: _____ Case Manager: _____

Current School District: _____

Address: _____ Cell/Home Phone: _____

Email Address: _____ ☐ Male ☐ Female

Date of Birth: _____

PARENT/GUARDIAN PERSONAL INFORMATION:

Parent 1 name: _____

Address:_____

Phone: _____ Work Phone: _____

Email address: _____

Parent 2 name:_____

Address:_____

Phone: _____ Work Phone: _____

Email address:_____

STUDENT/PARENT INFORMATION:

1. Acceptance into the Project SEARCH Program is dependent upon the Selection Committee review.
2. Upon selection, the student records concerning my son/daughter may be transferred to Holmen School District and DVR records will be transferred to the DVR counselor covering Holmen High School.
3. Equal Opportunity: Career placement will be made without regard to race, color, national origin, sex, age, religion or presence of disability.

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

SCHOOL DISTRICT REFERRAL:

Name: _____ Title/Position: _____
Email address: _____ School/Agency: _____

Does the student have the necessary credits for graduation? ☐ Yes ☐ No
Days absent - 11th Grade:_____ 12th grade: _____

Comments about Attendance:

*Primary Disability: _____
*Student Academic Skills are at what grade level:_____

Math: _____

Reading:_____

*Student Pace and Work Quality: please check which best describes this student

☐ Student seldom gets work finished in allotted time period or by deadline
☐ Student methodical, which affects pace, productivity and output
☐ Student can achieve appropriate work pace but quality suffers or work quality is sufficient but quantity is affected
☐ Pace and quality of work are mildly deficient but improving and work is neat
☐ Student is able to achieve both quality and quantity of work, maintains neatness/organization and completes work according to deadlines

Comments about Past Work History:

Why do you believe this student is a good match for Project SEARCH at Emplify Health by Gundersen?

Signature: _____ Date: _____
Title: _____

EMPLOYMENT BACKGROUND:

When you are hired for paid employment, do you want to work? Please check both if applicable: ☐ Full-Time ☐ Part-Time

Do you plan to work during the school year, in addition to being in the Project SEARCH Program?

☐ Yes ☐ No

List all jobs or volunteer opportunities you do or have done in school or in the community. List most recent first:

Name of Employer: _____

Start Date: _____

End Date: _____

Paid Employment?: ☐ Yes ☐ No

Please describe your job duties:

Name of Employer: _____
Start Date: _____
End Date: _____
Paid Employment?: ☐ Yes ☐ No
Please describe your job duties:

Name of Employer: _____
Start Date: _____
End Date: _____
Paid Employment?: ☐ Yes ☐ No

Please describe your job duties:

Have you ever been fired from, let go from or asked to resign from a job?

☐ Yes ☐ No
If yes, please explain:

TRANSPORTATION:

How do you plan to get to Project SEARCH at Emplify Health by Gundersen?

☐ Self ☐ Family ☐ School ☐ Public ☐ Other

SERVICE AGENCIES:

Do you have a Vocational Rehabilitation Counselor? (DVR)

☐ Yes Name of Counselor:_____

☐ No

Do you have a Case Manager, Social Worker, or long-term care consultant?

☐ Yes Name of contact: _____

Agency they work for:_____

Contact Info: (email & phone)_____

☐ No

ADDITIONAL INFORMATION

Check all that apply

☐ I am my own guardian

☐ My supportive decision maker is _____

☐ My court appointed guardian is _____

**List any health or medical issues that may impact a successful job placement:

**Please explain any accommodations or assistive technology you currently use.

Commitment to Community Employment

I want to get a job	☐Yes	☐No	☐Sometimes
Are you willing to work 16 hours a week or more in an integrated setting after you finish Project SEARCH?	☐Yes	☐No	☐Sometimes
Does your family support your work goals?	☐Yes	☐No	Sometimes

Where do you want to work after Project SEARCH?

Personal Statement (Answer Questions Below) *If someone writes the answers for you, have them do it in your own words.*

How did you hear about Project SEARCH?

What do you want us to know about you?

Why do you want to become an intern at Project SEARCH at Emplify by Gundersen*?*
(complete in your own words or have someone write your thoughts for you, using your own words)

PREPARER:

If this application has been completed by someone other than the student, please provide the following information and sign:

Name / Title _____Phone Number:_____

_____ _____

Signature Date

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

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

PROJECT SEARCH at Emplify Health by Gundersen INTERN AGREEMENT

*Please read the expectations below and sign and date

I,_____ , understand that if I were an intern in the Project SEARCH program I must abide by the following terms and conditions:

☐ I will complete at least 3 unpaid job rotations within the school year

☐ I will attend the program every day – Monday through Friday and strive for perfect attendance

☐ I will call my instructor and departmental supervisors if I am absent or late

☐ I will dress appropriately, following dress code and uniform requirements for internships

☐ I will maintain proper hygiene and grooming

☐ I will follow rules and regulations at host business including intern agreement

☐ I will attend and be an active participant in my Employment Planning Meetings with my Instructor, Skills Trainer, VR Counselor, Support Coordinator and Family Supports

☐ I understand that the desired outcome for me in Project SEARCH is full/part-time paid employment in the community

☐ I will actively pursue paid employment upon completion of the program and work at least 16 hours per week

☐ I agree that at no time will any information regarding patients be revealed to anyone other than those authorized to receive it

☐ I agree that the sharing of such information with those not authorized to receive it is unlawful and shall be cause of immediate dismissal from the internship

☐ I agree to abide by all of the work and safety rules at Emplify Health by Gundersen or it could be cause of dismissal from the internship

☐ I agree that this is not an agreement for employment and no employment contract is being created by virtue of being an intern for Project Search

☐ To recognize and respect the uniqueness that we all have as individuals and to respect every individual at Emplify Health by Gundersen. We expect our interns not to harm others physically or emotionally.

I have read the above terms and conditions and agree that I would be able and willing to abide by them. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

_____ _____

Student Signature Date

_____ _____

Parent Signature Date

Project SEARCH at Emplify Health by Gundersen: Release of Information

Please complete the release of information form below.

AUTHORIZING PARTY:

By completing this form, you authorize your current school district, Emplify Health by Gundersen, Holmen school district, parents/guardians, Aptiv, Division of Vocational Rehabilitation/DVR Counselor(s), Long Term Care Case Managers/Supports/Providers, and/or any additional agencies, to obtain and/or release information from your records such as: demographic information, attendance, educational evaluations. IEP/504 Plan, psychological evaluations, reevaluations, FBA/BIP, academic records, IPE (DVR Plan), Functional Screen, Planning Documents, Diagnostic Records, Medical Documentation as described below:

Student Name (First, Middle, Last)_____

Birth Date:_____

I hereby authorize the release/obtaining of information to and from the following agencies:

Select all of the agencies you wish to obtain/release information to best support you in Project SEARCH (such as but not limited to: information from your records such as: demographic information, attendance, educational evaluations. IEP/504 Plan, psychological evaluations, reevaluations, FBA/BIP, academic records, IPE (DVR Plan), Functional Screen, Planning Documents, Diagnostic Records, Medical Documentation...etc)

Aptiv supplies the Skills Trainers/Staff for the program and Emplify Health is the host business that partners with Project SEARCH for internship rotations within their departments

Check all that apply.

- ☐ Aptiv
- ☐ Emplify Health by Gundersen
- ☐ Holmen School District
- ☐ Home School District _____
- ☐ Long Term Care Case Managers/Supports/Provider(s)
- ☐ Division of Vocational Rehabilitation
- ☐ Adult Family Home Provider(s)
- ☐ Parents/Family
- ☐ Other: La Crosse County

Check all that apply.

- ☐ demographic information
- ☐ attendance records
- ☐ educational evaluations and reevaluations
- ☐ most recent Individualized Education Plan/Program (IEP) or 504 Plan
- ☐ psychological evaluations
- ☐ functional behavior assessments (FBA) and behavior intervention plans (BIP) academic records
- ☐ Individual Plan for Employment (IPE) from Division of Vocational Rehabilitation (DVR) functional screen from long term care needs
- ☐ planning documents from long term care and DVR
- ☐ diagnostic records
- ☐ medical documentation
- ☐ Other: _____

Authorization

I authorize the providers and staff named herein to obtain/release information as described above for the purposes of continuity/coordination of support/programming at Project SEARCH at Emplify Health by Gundersen, and to ensure that my staff/providers have the data needed to offer the best programming as possible.

I understand that this release expires after two years (24 months), but may also be revoked by me at any time, and for any reason.

I understand that such a revocation must be provided in writing, and receive written confirmation that it was received by Project SEARCH.

The parties acknowledge all the above information is correct and accurate

Student's Signature_____

Legal Guardian's Signature_____

Relationship to Student_____

Date_____

CONSENT FOR USE OF PHOTOGRAPHS, VIDEOTAPES, RECORDINGS & INTERVIEWS

By signing this document, I, on behalf of myself or the minor or ward identified below, agree to the following:

1) I agree to allow my/their story, photo image(s), performance, name, comments, replies, video recordings, and/or voice recording(s) (collectively the "Material") to be used by Bellin Gundersen Health System, Inc. and its affiliates (collectively "Emplify Health"), for any social media, commercial, educational, informational, demonstrative and/or promotional purposes. I also understand and agree that I am providing my consent for Emplify Health to use the Material without any promise of any financial or in-kind compensation.

2) I authorize and grant Emplify Health the unlimited right to use and display the Material in the manner described above and that the Materials may be retained for an indefinite period and used in the future.

3) I hereby release from any liability, express or implied, Emplify Health and its directors, officers, agents, consultants, personnel, and employees resulting from the use and display of the Material as described above. Such release of liability shall explicitly include any Emplify Health clinician, including my attending clinician if I am a patient of an Emplify Health facility.

4) I agree that I have read/had read to me and that I understand the content of this form. I have had the chance to talk about any questions and concerns with Emplify Health personnel which were answered to my satisfaction.

5) I certify that I am at least eighteen (18) years of age and am consenting on behalf of myself, or that I am legally authorized to provide consent on behalf of the person indicated below as his/her/their custodial parent, court appointed guardian, health care agent, legal next of kin, or by another recognized legally authorized representative (hereinafter the "Legally Authorized Representative").

Name of Individual ("I" or "myself"): _____

Name of Legally Authorized Representative:
_____ of Individual (if applicable)

Signature of Individual: _____ _____ _____ (or Legally Authorized Representative) Sign Date Time

Address:

_____
_____ Street City State Zip

Phone: (_____) _____ - _____ Email: _____