



## Project SEARCH Overview – Froedtert Hospital

**Thank you for your interest in Project SEARCH at Froedtert Hospital!**

Project SEARCH is a transition to work program that lasts for approximately 9 months. The program serves 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:**

- 18-30 years old
- Not enrolled in high school
- Eligible for services through the Department of Vocational Rehabilitation (DVR)
- Eligible for long-term support services
- Vaccinated against the Flu and COVID

**There are 5 steps to the process:**

**Step 1:** You and your parent/guardian must complete this application

**Step 2:** You and your parent/guardian must submit the following records in addition to your application.

\*Letter of Recommendation from either a School Representative, Employer, Volunteer Placement Supervisor, or Family Care Case Manager

\*Resume

From Division of Vocational Rehabilitation (DVR):

\*Individual Plan for Employment (IPE)

\*Functional Assessment Report (FAR)

\*Letter confirming funding and DVR Counselor's name

From Family Care/IRIS/Private Pay:

\*Letter from Family Care, IRIS, or private pay statement confirming funding, contact person, and their information

\*Functional Screen (if enrolled with Family Care or IRIS)

Please email all your application materials to [projectsearch@transcen.org](mailto:projectsearch@transcen.org) OR mail to:

CEO/TransCen  
Attn: Taryn Kroll  
2525 N. Mayfair Rd., Suite 200  
Wauwatosa, WI 53226

**Step 3:** The Project SEARCH Selections Team will:

- \*Review your submitted application and other records, 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 4:** If you are eligible to move forward, you must participate in the Skills Assessment Day.

- \*The date for the Skills Assessment Day is not set at this time. We will provide more details about this event at a later time.

**Step 5:** The Selection Team will:

- \*Review the results of our Skills Assessment Day and all information and documentation that has been gathered, and then select the interns for the 2023-24 Project SEARCH program year.
- \*Contact you and your parent/guardian to let you know if you were accepted.

## **Project SEARCH Application - Froedtert Hospital Site**

Please fill out this form. Your parent/guardian/support person can help you if needed.

### **Contact Information**

#### **1. Applicant**

Name:

Home Address:

Phone Number(s):

Email:

Date of Birth:

#### **2. Parent/Guardian/Support Person (If Applicable)**

Name:

Home Address:

Phone Number(s):

Email:

#### **3. Parent/Guardian/Support Person (If Applicable)**

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 not, what is the name and email of your legal guardian?**

## Education and Work Information

7. When did you complete high school?

8. What high school did you attend?

9. Are you currently in a college program, day program, or pre-employment program?

- If so, what is the name of the program?
  
- If so, what is the name and email of your case manager/program contact?

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

Workplace:	Dates of work:	Work duties:	Paid or non-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)

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

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

**13.** Does your family/guardian/support person support your work goals?

### **Eligibility for Other Services**

**14.** Have you been approved for services with the Department of Vocational Rehabilitation (DVR)?

- If so, who is your counselor?
- If not, have you applied?
- If you have not applied, please go to <https://dwd.wisconsin.gov/dvr/> to apply.

**15.** Have you been approved for long term adult support services?

- If so, which program did you choose?
- If so, who is your case manager?
- If not, would you like assistance in applying?

### **Personal Statement**

If this section is scribed, please write the exact words used by the applicant. Use as much space as needed.

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

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

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

19. Would you like to be considered for other Project SEARCH sites (TransCen/CEO also partners with Children's Hospital of Wisconsin and ProHealth Waukesha Memorial Hospital)?

If so, which ones?

## Release of Information

After looking at this form, the Selection Team will reach out to any school and/or agency contacts. They will ask for other information to get to know you better. This may include:

- Education documents such as: Evaluation Team Report (ETR), Individualized Education Program (IEP), attendance and health records, assessments, etc.
- DVR documents such as: Individualized Plan for Employment (IPE), other assessments
- Long term support documents such as: a Member Centered Plan

20. You and your guardian (if applicable) will need to sign the accompanying "Release of Information" form. Please fill out a "Release of Information" form for each agency (ex: DVR, Long Term Support Provider, etc.) you are associated with. You may submit multiple forms and return them with your application. Do you have any concerns about this release of information?

## Project SEARCH Intern Agreement

You and your guardian (if applicable) will need to sign this agreement if you are accepted into the program:

I, \_\_\_\_\_, understand that if I am accepted into the Project SEARCH program:

- I will complete at least 3 unpaid internships at **Froedtert Hospital**.
- I will attend the program every day from **8:30 am - 3:00 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 **Froedtert Hospital** and of the Project SEARCH program.
- I will attend all meetings with my counselor, parent / guardian, instructor, 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, a physical exam, get a flu shot, and follow all other policies, procedures and expectations associated with the program.
- I also understand that I must be fully vaccinated for COVID before starting the program and that I may be required to wear a mask and/or other protective equipment while in the hospital.

**21. Applicant:** I have read the statements above. I agree to these terms and am comfortable signing this agreement upon my acceptance to the Project SEARCH program at Froedtert Hospital.

YES

NO

**22. Applicant:** Please sign using your full name if you agree with the Intern Agreement above.

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

**23. Parent/Guardian (if applicable):** I have read the statements above. I agree to these terms and am comfortable signing this agreement upon my child's acceptance to the Project SEARCH program at Froedtert Hospital.

YES

NO

**24. Parent/Guardian (if applicable):** Please type your full name to serve as your signature and confirmed agreement with the statements above.

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

**Thank you! We will email you to let you know we have received your application. If you have any questions or need further assistance, please contact Taryn Kroll at [tkroll@transcen.org](mailto:tkroll@transcen.org).**

