

Project | SEARCH Northwestern Medicine Kishwaukee Hospital

Candidate Information &
Application Packet
2019-2020

Application Purpose & 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 properly assess each 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 steps:

1. **Submit the completed application to the address on the last page of this application by March 8th**
2. The Selection Committee will review the applications and select students to attend an Assessment Day.
3. After Assessment Day, all students' applications and assessment will be evaluated and scored and students will officially be selected.
4. If accepted, an IEP/Transition Plan will be developed with Project SEARCH as the placement with the IEP team for the 2019-20 school year. If enrolled in Project SEARCH, this will be the student's final year of school.
5. If accepted, students must pass a criminal background check and health screen.

Selection Priorities:

1. Students who desire to gain competitive employment at the end of the Project SEARCH program
2. 18 – 21 age range
3. Students who have finished their necessary credits for graduation/certification
4. Students who will benefit from participation in a variety of internships
5. Students who are interested in using public transportation to access work and the local community

Project SEARCH Application Packet Checklist

PLEASE NOTE

ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR APPLICATION TO BE CONSIDERED. IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE CONTACT YOUR SCHOOL DISTRICT STAFF.

- ☐ **Completed Application Packet**
- ☐ **Current Individual Education Plan (IEP) including Transition Plan & Goals**
- ☐ **Current Evaluation Team Report**
(Include most recent math and reading scores/grade levels)
- ☐ **High School Transcript**
- ☐ **Attendance Record**
- ☐ **Career Assessment** –most recent vocational evaluation or career interest survey
- ☐ **School Personnel Survey - attached**
- ☐ **Parent/Guardian/Support Person Survey - attached**
- ☐ **Legal guardianship paperwork if applicable**
- ☐ **Behavior intervention plan if applicable**

Return completed Packet to:

Cristy Meyer, Director of Student Services

cristy.meyer@d428.org

DeKalb District #428

901 S. Fourth Street

DeKalb, IL 60115

815-754-2290

Northwestern Medicine Kishwaukee Hospital Project SEARCH Application Timeline for the 2019-2020 Program Year

Deadline to Apply: March 8th, 2019

March 2019	Applications Due 3/8/19
	Applications reviewed by 3/12/19
April 2019	Assessment & Interview Day at Northwestern Medicine Kishwaukee Hospital on 4/5/19
	Candidate Selection/Approval by 4/8/19
	Acceptance/Rejection Letters mailed by 4/12/19
May 2019	IEP's written/updated to include Project SEARCH
	IL DHS/Vocational Rehabilitation determine eligibility & open files
Summer 2019	Summer engagement activities TBD
August 2019	Family welcome night TBD
	Program begins at Northwestern Medicine Kishwaukee Hospital
September 2019	First internships begin

Project SEARCH agreement

To secure placement in the program, the applicant will be required to sign the Project SEARCH Intern Contract if accepted. Please retain for your files.

I, _____, understand that I have been accepted into the Project SEARCH program at Northwestern Medicine Kishwaukee Hospital and must abide by the following terms and conditions:

- I will learn to use public transportation when and where available.
- I will actively pursue competitive employment during the program and after program completion.
- I will complete three (3) unpaid job rotations at the host business side, if applicable.
- I will maintain appropriate behavior in the workplace without immediate supervision.
- I will attend the program every calendar day from 8:30 AM – 2:30 PM, Monday through Friday.
- I will maintain at least 95% attendance.
- I understand that the Project SEARCH program is a 9 month work experience training program.
- I will dress appropriately and wear required attire/uniforms.
- I will call my instructor and departmental supervisor when I am absent or tardy.
- I will follow all the rules established by the program and host business.
- I will attend meetings with my instructor, host business staff, VR counselor, RAMP staff, and parent, guardian or support person (as applicable).
- I will be an active participant and communicate any issues at our scheduled meetings.
- I will actively participate in my job search beginning after the second internship
- I will complete a health screen and receive my flu shot

My goal is to achieve competitive employment in the community and I understand this goal to be the primary reason I have been accepted into the program. Project SEARCH collects employment outcome information for every participant. As part of placement into the program, I additionally agree to the following:

- If I am not employed by the completion of the program, I will meet weekly and maintain contact with the RAMP staff assigned to me.
- I will participate in the surveys related to program evaluation and my employment status.
- Prior to program completion, I will provide accurate contact information for follow-up and will respond to inquiries made by the program.
- I understand there will be with a trial period for the Project SEARCH program, that will end on October 1st.

I have read the above terms and conditions and agree to accept my placement in the Project SEARCH program. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

Project SEARCH Northwestern Medicine Kishwaukee Hospital Application for Admission

Applicant Information

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____ High School: _____

Date of Birth: _____ Social Security # _____

Age at start of program, August 2019 _____

Circle: Male or Female Own Guardian? Yes or No

Parent/Guardian Information

Name(s): _____

Address: _____
Street City Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____ Relationship to Applicant: _____

Equal Opportunity

Project SEARCH placement will be made without regard to race, color, national origin, language of origin, disability, sexual orientation, gender identity or expression, or marital status.

Trial Period

A trial period for the program will be given to all interns once accepted, this trial period will end on October 1st. The applicant and/or parent/guardian (if applicable) agree to comply with this process.

Permission for Review of Information

Members from the Selection Committee will have access to the following:

- Application and any attachments
- Reference feedback designated on this application
- Records provided by references designated on the application

By signing below, I authorize these individuals to review this information and contact references for the purpose of informing the selection process.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Future Employment Preferences & Background

How do you want to be employed in the community upon completion of Project SEARCH?

Full Time

Part Time

What career(s) are you interested in?

Would you be willing to work evening shifts after graduation from Project SEARCH?

Yes

No

Would you be willing to work holidays and/or weekends?

Yes

No

Please list jobs you do/have done in school or in the community, including volunteer positions.

Employer Name		Supervisor Name	
Job Title		Supervisor Phone	
Main Job Duties		Please Choose:	PAID or UNPAID
Dates worked:			

Employer Name		Supervisor Name	
Job Title		Supervisor Phone	
Main Job Duties		Please Choose:	PAID or UNPAID
Dates worked:			

Employer Name		Supervisor Name	
Job Title		Supervisor Phone	
Main Job Duties		Please Choose:	PAID or UNPAID
Dates worked:			

How do you spend the majority of your time now? (check all that apply)

☐ High school ☐ Paid Employment ☐ Volunteer Work

☐ Other, please describe:

Have you ever been fired from a job? ☐ Yes ☐ No If yes, please explain:

Have you ever quit a job? ☐ Yes ☐ No If yes, please explain:

Have you ever had difficulty getting along with a supervisor or co-worker on a job?

☐ Yes ☐ No If yes, please explain how you handled that:

Do you have any behaviors that might impact a successful job placement?

☐ Yes ☐ No If yes, please explain:

Service Agencies

Do you have a Vocational Rehabilitation (VR) counselor?

☐ Yes ☐ No If yes, please provide the name and phone number of your counselor:

Name: _____ Phone: _____

Are you receiving Home Based Supports/funding through DHS – Division of Developmental Disabilities?

☐ Yes ☐ No

If no, are you on the PUNS (Prioritization of Urgency of Need for Services) waiting list?

☐ Yes ☐ No

Do you receive services from other agencies? ☐ Yes ☐ No

If yes, please list those agencies and whom you work with there:

Do you receive Social Security Income (SSI or SSDI)?

☐ Yes, I receive SSI (Supplemental Social Security Income)

☐ Yes, I receive SSDI (Social Security Disability Insurance)

☐ Yes, but I am not sure which I receive

☐ No, I do not receive Social Security income.

☐ No, but interested in more information

Participation in the Program

Project SEARCH follows a schedule, requiring interns to be at the business site, Northwestern Medicine Kishwaukee Hospital, for 6 hours daily.

Are you able to participate Monday through Friday from 8:00 AM till 2:30 PM?

☐ Yes ☐ No If no, please explain:

If you take medications during these hours, are you able to administer them on your own?

☐ Yes ☐ No If no, please explain:

Transportation

The primary purpose of the Project SEARCH program is to provide interns the opportunity for solid career exploration while developing skills essential to obtaining competitive employment and achieving success. As such, this transition program encourages interns to work towards independence, and that translates to feeling confident in managing transportation to and from work as independently as possible.

When an applicant is offered and accepts a placement in Project SEARCH, it is critical that the applicant and those in his/her support system explore transportation options and, if necessary, identify and access travel training resources **prior to the start of the program year**. For interns who are traveling from areas without public transportation, the sponsoring school may assist in removing transportation barriers.

Please check all that apply:

☐ I know how to use public transportation.

☐ I am willing to learn to use public transportation.

☐ I use a door to door or paratransit system.

☐ I have a family member/support person who is willing to provide on-going transportation.

☐ I am eligible for transportation assistance through a local or state program.

☐ I plan to use district provided transportation.

☐ I have my own drivers license and,

☐ may be able to provide my own transportation to/from Project SEARCH.

☐ am not able to provide my own transportation to/from Project SEARCH.

☐ Other transportation options I have identified are:

Uniform

Depending on the internship site selected, a uniform may be required to meet dress code policy. Please provide sizes for uniform ordering purposes:

Pants: _____ Shirts: _____ Shoes: _____

In Your Own Words

If someone is assisting you in completing this application, please ask that person to write your responses to the following questions in your own words. If you need additional space or wish to type your answers, please attach a separate piece of paper.

Tell the team a little bit about yourself?

What would your friends say are your strengths?

What is your greatest weakness and what things have you done to accommodate or make improvement?

Why do you want to come to Project SEARCH?

The Project SEARCH selection process is competitive. Please describe the reasons why you should be selected to participate over other applicants.

Please share with us any concerns you have participating in Project SEARCH and/or working in the community.

Please describe stressors that occur at home or at school.

How do you handle things that cause you stress?

Please give us an example of a time at home, school, or work that did not go as planned. What was the situation? How did you handle it?

Where do you see yourself in 5 years?

References

Please list three references who we may call – preferably we would like one reference each from a family member, school, and community agency.

Name#1: _____ Phone: _____ Email: _____

Relationship: _____

Name#2: _____ Phone: _____ Email: _____

Relationship: _____

Name#3: _____ Phone: _____ Email: _____

Relationship: _____

**For Staff Use**

Date: _____
Story/Event: _____
Patient/Individual Name: _____
Physician: _____
NMHC Location: _____
Additional Info: _____

**AUTHORIZATION TO OBTAIN, USE AND DISCLOSE IMAGES,
OTHER MEDIA AND RELATED INFORMATION FOR EMPLOYEES
AND PHYSICIANS**

By signing this form, I hereby authorize Northwestern Memorial HealthCare (NMHC), its current and future affiliates and subsidiaries ("Northwestern Medicine") to create, obtain, record use and disclose photography and/or video or audio recording in print, digital or video media ("images and other media"). As applicable, I also authorize Northwestern Medicine personnel to interview me and to obtain, use and disclose related information obtained for the purposes described in this form.

The permitted uses and disclosures of this information, images and other media may include without limitation:

- Northwestern Medicine publications (online, electronic and/or print)
- Fundraising, publicity, promotion, marketing or advertising for Northwestern Medicine
- Marketing as defined in the federal privacy regulations
- Posting on Northwestern Medicine websites (internal and external) or any Northwestern Medicine use of social media (Facebook, Twitter, Instagram, YouTube, Pinterest, etc.)
- Released to the print and broadcast media (e.g. radio, television, newspaper, magazines), third parties, third party websites, social media and all other types of electronic communication
- Other: _____

I further consent to my images and other media being stored and managed within Northwestern Medicine for future use, unless I indicate otherwise.

I understand that I may be identified in any use or disclosure of my images. I hereby waive the right to receive a copy, inspect or approve the information, images and other media for the purposes described above, and also waive any and all rights that I may have to any claims for payment or royalties in connection with the above use of information, images and other media. I understand that Northwestern Medicine and its corporate affiliates cannot control how third parties may use my information, images and other media. I release Northwestern Medicine, its affiliated entities, their directors, officers, employees and agents from any and all claims, actions, damages and liability of any kind arising from any of the permitted uses and disclosures described in this form. I acknowledge that the images and other media are and will remain the sole property of Northwestern Medicine.

I understand I have the right to refuse to sign this Authorization and that this Authorization is valid unless I cancel or revoke it in writing. If I choose to revoke this Authorization at any time in the future, I will send my revocation to NMHC Marketing, Communications and Media Relations at 541 N. Fairbanks Ct., Suite 1850, Chicago, Illinois, 60611. My written revocation will not affect any disclosure made before the receipt of my revocation by Northwestern Medicine HealthCare.

I have read, understand and agree to the conditions of this Authorization by signing below.

_____ Employee/Physician Signature	_____ Name (Please Print)	_____ Date
_____ Phone number	_____ Email Address	_____ Department/Location

Referral Source Information

To be completed by referring school district

Referral Source Name: _____

Agency/School: _____

Phone Number: _____ Email: _____

Does the student have the necessary credits for graduation or certificate of completion (year years of high school)? Yes or No (please circle)

Please attach:

___ High school transcript

___ Previous two year's discipline record

___ Most recent report card

___ Attendance Record

Comments Regarding Attendance

Comments Regarding Work Performance

Referral Signature: _____ Date: _____

Title: _____

School Administrator Approval Signature: _____

Date: _____ Title: _____

School Personnel Survey

To applicant: Please take this survey to your case manager. He/she will complete the form and submit it directly to Project SEARCH.

To School Personnel: Thank you for supporting your Project SEARCH applicant! Please take a few moments to respond to each section. The purpose of issuing this survey is to gain further insight about our applicants, to supplement information provided in the application, and to help guide discussion during the interview process. Your candid responses are invaluable and appreciated!

Additionally:

- We are grateful for your efforts to assist the applicant in obtaining a copy of his/her current or most recent IEP to include with the application packet.
- Program staff may call you for information about the applicant. Please include the best number to reach you.

School Personnel Name: _____ Title: _____

Email: _____ Phone: _____

School District/High School: _____ Applicant Name: _____

Please check one or more box for each section.		Comments
Commitment to Community Employment	<input type="checkbox"/> applicant is <u>unsure</u> of interest in community employment but parent is supportive & encouraging <input type="checkbox"/> applicant is sure of interest in community employment but parent is apprehensive and or non supportive <input type="checkbox"/> applicant and family are committed to seeking community employment	
Attendance	<input type="checkbox"/> 10+ unexcused absences <input type="checkbox"/> 10+ excused and unexcused absences or tardies within the past school year <input type="checkbox"/> 5-10 excused and unexcused absences or tardies within the past school year <input type="checkbox"/> 1-5 excused absences or tardies within the past school year <input type="checkbox"/> No absences or tardies within the past school year	
Independent Daily Living and Self Care Skills	<input type="checkbox"/> applicant has very poor or not independent daily living and self care skills and relies on parents and staff for basic needs. <input type="checkbox"/> applicant has not been exposed to any daily living skills training but displays some skills in these areas. <input type="checkbox"/> applicant has participated in limited or informal training for daily living and self care skills. S/he can demonstrate minimal skills in those areas including feeding and toileting. <input type="checkbox"/> applicant demonstrates basic proficiency in daily living skills and self care skills including toileting, feeding, taking meds, bathing, etc. <input type="checkbox"/> applicant practices and demonstrates daily living and self care skills such as cooking, sleeping, budgeting, handling money, and is also able to take care of self care needs independently.	
Appearance and Professional Presentation	<input type="checkbox"/> applicant requires assistance in making sure clean clothes are worn daily <input type="checkbox"/> applicant wears neat and clean clothing and has appropriate grooming on most days. <input type="checkbox"/> applicant is neat, clean, and well groomed but does not always make appropriate clothing choices based on dress code and weather. <input type="checkbox"/> applicant possess good personal hygiene skills and will arrive to Project SEARCH neat and clean according to dress code and weather	
Transportation *check all that apply	<input type="checkbox"/> family is willing to provide on-going transportation to the Project SEARCH community work site.	

	<input type="checkbox"/> applicant is eligible for door to door or paratransit system and is willing to use. <input type="checkbox"/> applicant can utilize public transportation and is willing to use. <input type="checkbox"/> transportation will need to be worked out with the family and the school <input type="checkbox"/> transportation may be a barrier for this student.	
Appropriate Social and Behavioral Skills	<input type="checkbox"/> applicant frequently displays inappropriate social/ behavioral skills <input type="checkbox"/> applicant periodically displays inappropriate social/behavioral skills <input type="checkbox"/> applicant is appropriate in the presence of adult supervision but is not independent. <input type="checkbox"/> applicant displays appropriate social and behavioral skills in most situations. <input type="checkbox"/> applicant displays appropriate social and behavioral skills in all situations.	
Interpersonal Communication	<input type="checkbox"/> applicant has minimal understanding of interpersonal relationships <input type="checkbox"/> applicant uses appropriate body language but does not engage in appropriate communication. <input type="checkbox"/> applicant engages in some conversation with prompts <input type="checkbox"/> applicant engages in conversation independently but the topic is inappropriate. <input type="checkbox"/> applicant uses appropriate tone of voice, body language, and conversation topics.	
Verbal Communication	<input type="checkbox"/> applicant is unable to communicate clearly with others with assistive technology. <input type="checkbox"/> applicant is able to communicate effectively using assistive technology. <input type="checkbox"/> applicant can be understood with 1-2 repetitions or when asked to speak more clearly. <input type="checkbox"/> applicant is able to communicate with others and be understood easily	
Problem Solving and Conflict Resolution	<input type="checkbox"/> applicant has difficulty in problem solving and conflict resolution <input type="checkbox"/> applicant has demonstrated capacity to expand problem solving and conflict resolution skills. <input type="checkbox"/> applicant possesses good problem solving skills. <input type="checkbox"/> applicant possesses good problem solving skills and initiates problem solving independently.	
Physical Ability Mobility Stamina	<input type="checkbox"/> applicant has significant mobility and stamina challenges. <input type="checkbox"/> applicant has significant challenges but is able to perform tasks with accommodations and or limited assistance. <input type="checkbox"/> applicant has the mobility and stamina to perform all tasks independently.	
Pace and Work Quality	<input type="checkbox"/> applicant seldom gets work finished in allotted time period because of low motivation. <input type="checkbox"/> applicant seldom gets work finished in allotted time period because student is overly methodical. <input type="checkbox"/> applicant can achieve appropriate work pace but quality suffers. <input type="checkbox"/> applicant is able to achieve both quality and quantity of work, is organized and completes work according to deadlines.	
Employability Skills	<input type="checkbox"/> applicant has not been exposed to any employability training. <input type="checkbox"/> applicant has participated in limited or informal employability training. <input type="checkbox"/> applicant has had 1+years of employability skills training.	
Prior Work Experience	<input type="checkbox"/> applicant has no prior work experience <input type="checkbox"/> applicant has had one or more in school work experience <input type="checkbox"/> applicant has volunteer experience <input type="checkbox"/> applicant has had competitive work experience	
Academic Skills	<input type="checkbox"/> Student cannot read or do simple computations. <input type="checkbox"/> Student has some basic academic skills such as rote counting and can file using two to three digits with numbers or letters	

	<input type="checkbox"/> Student can read and comprehend material at or above a 2 nd grade level, can tell time with a clock or analog watch to five minutes and count money/make change. <input type="checkbox"/> All academic skills are above a 4 th grade level.	
Computer Skills	<input type="checkbox"/> applicant has no computer skills <input type="checkbox"/> applicant has basic knowledge of keyboard/keyboard functions <input type="checkbox"/> applicant can access internet, utilize search engines for information and for entertainment. <input type="checkbox"/> applicant can utilize some Microsoft products at a beginner level <input type="checkbox"/> applicant can utilize Microsoft products, can save, edit and retrieve documents with basic proficiency	
Please comment on the applicant's interest in completing training for a career path:		
Please describe particular strengths that the applicant is likely to bring to the work environment:		
Please describe particular challenges that the applicant may experience in the work environment:		
Type of successful placement envisioned:		
Other thoughts:		

Please return this completed questionnaire to Cristy Meyer by March 8th, 2019 via email or mail:

Cristy Meyer, Director of Student Services

cristy.meyer@d428.org

DeKalb District #428

901 S. Fourth Street

DeKalb, IL 60115

815-754-2290

Parent/Guardian/Support Person Survey

Applicant Name

Date

Person Completing Survey

Relationship

Not all of the sections or choices in this survey may be directly relevant to the applicant, but please complete those sections and choices that best reflect your concerns and thoughts about adult life for the applicant. Completing this survey will help the Project SEARCH Northwestern Medicine Kishwaukee Hospital Team to better understand you and the applicant's expectations for the future.

AREAS OF NEED

1. In what areas does the applicant have the greatest needs?

Please check all that apply and please rank the top 5 areas. 1- most important to 5 – least important.

- | | |
|---|--|
| <input type="checkbox"/> academic skills for post-secondary education | <input type="checkbox"/> meal planning & prep |
| <input type="checkbox"/> basic academic skills (reading, writing, math) | <input type="checkbox"/> money management skills |
| <input type="checkbox"/> cleaning skills | <input type="checkbox"/> personal care needs |
| <input type="checkbox"/> communication skills | <input type="checkbox"/> problem solving skills |
| <input type="checkbox"/> health skills | <input type="checkbox"/> recreational skills |
| <input type="checkbox"/> decision making | <input type="checkbox"/> shopping skills |
| <input type="checkbox"/> goal setting | <input type="checkbox"/> travel skills |
| <input type="checkbox"/> self-advocacy skills | <input type="checkbox"/> vocational & career exploration |
| <input type="checkbox"/> social relationship skills | <input type="checkbox"/> house cleaning skills |

2. Are there any additional support people that are involved in the applicant's life? If so, how can they provide input to the selection committee in regards to the applicant? Please explain.

FUTURE EDUCATION

Future education for the applicant will be:

- | | |
|---|--|
| <input type="checkbox"/> four year college/university | <input type="checkbox"/> adult education classes |
| <input type="checkbox"/> community/junior college | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> vocational technical school | <input type="checkbox"/> don't know |
| <input type="checkbox"/> on-the-job training | <input type="checkbox"/> other: _____ |

CAREER & EMPLOYMENT

1. You anticipate the applicant will work in:

- | | |
|--|---|
| <input type="checkbox"/> full time employment | <input type="checkbox"/> center/workshop |
| <input type="checkbox"/> part time employment | <input type="checkbox"/> volunteer work |
| <input type="checkbox"/> supported employment/with job coach | <input type="checkbox"/> do not expect my child to work |
| <input type="checkbox"/> military service | <input type="checkbox"/> other: _____ |

2. What type of work is the applicant interested in:

3. Do you feel that this a realistic goal? YES or NO

4. What type of employment do YOU think he or she would enjoy?

5. When you think of the applicant working, you are afraid of what?

6. What type of support or assistance do you think the applicant will need in finding and maintaining a job? (check all that apply)
- ☐ will not need any support
 ☐ assistance only when problems or new situations arise
☐ help finding a job
 ☐ on-going support to perform the job (personal care assistance)
☐ time limited support to learn the job (extra training)
☐ long term support needed to learn the job (ongoing training)

FUTURE LIVING OPTIONS

1. Five years after the program, where do you see the applicant living?

☐ at home
 ☐ in a group home or foster home
☐ in own apartment living alone
 ☐ with family
☐ in own apartment living with roommate
 ☐ subsidized housing
☐ in a supported apartment/living program
 ☐ other: _____

2. Concerns/fears that you have about the applicant living on his/her own includes the following:

☐ can't shop on own
 ☐ will be lonely
☐ can't manage money
 ☐ will be exploited
☐ has no furniture
 ☐ sexually
☐ not ready yet to live in community
 ☐ physically
☐ has been too dependent
 ☐ financially
☐ won't take good care of self
 ☐ other: _____

FINANCES, WILLS & TRUSTS, GUARDIANSHIP

1. After program completion, how will the applicant be supported? (check all that apply)

☐ Social Security/SSI/SSDI
☐ his/her own wages
☐ general relief (food stamps, subsidized housing, etc)
☐ family support
☐ unsure

2. Is the applicant his/her own legal guardian? ☐ Yes ☐ No

3. Will he/she need the following?

☐ a conservator for financial decisions
☐ an advocate or personal representative
☐ a legal guardian appointed
☐ unsure

4. Have you prepared (trust fund) for the future for the applicant? ☐ Yes ☐ No

5. Have you prepared a will that includes plans for the applicant? ☐ Yes ☐ No

TRANSPORTATION

How will the applicant get to the program site and to employment after the program?

☐ bicycle
 ☐ own car
☐ walk
 ☐ city cab/uber
☐ carpool
 ☐ getting rides with family/friends
☐ city bus
 ☐ other: _____

ADULT SERVICES

Please check the following services that the applicant currently receives, those that you or the applicant have contacted, and those that you or the applicant would like to receive more information about:

Services	Receives	Contacted	Need more Info
Vocational Rehabilitation			
Developmental Disability Services			
Social Security			
Respite Care Services			
Job Services			

Services	Receives	Contacted	Need more Info
Food stamps			
Housing Options			
Centers for Independent Living			
Other:			

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