

https://keep.google.com/u/0/media/v2/1sdDtkVCZLpj1xFHGJ7CndgiRzAWheu45KfBa4hS4J7PwxTwH3YAaV_smoaalvhM/11pWutktw-OzwtHZ9jzNzWh1k1Z9-OmYL25BxxBALJpq_5zu5fYVyAFUbPhDabw?sz=512&accept=image%2Fgif%2Cimage%2Fjpeg%2Cimage%2Fjpg%2Cimage%2Fpng%2Cimage%2Fwebp

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Florida Adult Project SEARCH

Application

2022

APPLICATION FOR PARTICIPATION Please return to jwilliams@arcputnam.org



Participant Information

| Name |  | | |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last        Address: | First | | |  | Middle | Nickname (if applicable) | |
| Street | City | | |  |  | Zip Code | |
| Date of Birth: |  |  | Male |  | Female |  | |
| Primary Caretaker /Guardian Name: | Primary Caretaker /Guardian e-mail: | | |  |  | Do you have a court appointed guardian? | |

☐Yes

☐No

Address:

| Street | City | Zip  Code |
| --- | --- | --- |
| Primary Caretaker/Guardian Home Phone: | Cell Phone: |  |
| Work Phone: |  |  |

Primary Caretaker/Participant Release of Information:

Release: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Participant / Guardian, if applicable) agree to have my records from service agencies (E.G. APD)

released to the following as needed: ☐ Arc of Putnam ☐ Vocational Rehabilitation

☐ Project SEARCH ☐Beck Automotive Group

The following records may be released:

☐Support Plan ☐IPE

☐Progress Notes/Summaries ☐Other important documents not listed:

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_



| Participant |  |  |
| --- | --- | --- |
| Signature: |  | Date: |



COMMUNITY WORK/EMPLOYMENT/VOLUNTEER INFORMATION:

List work experiences/ jobs done in the community, disability agency or home:

| Employer/Organization/ Home | Job Title/ Job/ chores | Dates | Contact Number |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

After the Project SEARCH program is completed, do you plan on getting and maintaining a

Full time job  Or a Part time job 

TRANSPORTATION:

How do you plan to get to Project SEARCH?

Public   Bike  Other (please 

Transit, if Parents/Guardian, specify) List: available caretaker

SERVICE AGENCIES:

Do you have a Vocational Rehabilitation Counselor?

Yes  No  Counselor’s Name: Contact Number:

Are you currently receiving services and/ or employment services from any other agencies? (example Agency for Persons with Disabilities)

☐YES☐ NO Please list: Contact Person name:

Contact Person Email:

INDEPENDENT LIVING:

Medications/Dosage/Time of day taken by participant

| Medication | Dosage | Time of day |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

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







Please list any limitations that may impact an internship rotation or employment:





Please describe any special accommodations you may need based on the above:





BEHAVIORAL HEALTH SUMMARY:

Do you have any behavioral health issues which might impact a successful job placement? If yes, please describe any related accommodations needed to be successful.

Yes  No 

Please Explain:







PARTICIPANT RESPONSE QUESTION

Why do you want to come to Project SEARCH? (Participant’s words/response)















This application has been completed by:



Name Title Phone Number Date



Signature