Project SEARCH
Student Application
2027- 2028

Project SEARCH at Health First, Inc.

- **Holmes Regional Medical Center**
- **Cape Canaveral Hospital**
- **Viera Hospital**
- **Palm Bay**

Applicant Name _____

High School/B.L.A.S.T. _____

Application Site _____

Date Received (official use only)_____

Please return this application to your ESE teacher, Support Specialist or Guidance Counselor by *Friday, February 19, 2027*

Send the application through interoffice mail courier to:
Heather van Rooyen, Content Specialist Transition, ESE Program Support
ESF – POD 4
Interviews will be scheduled March 8th – 18th 2027.

Project | SEARCH® HealthFirst Brevard Public Schools

Project SEARCH Application Purpose & Guidelines

The purpose of this application is to outline the skill set of the Project SEARCH student candidate. This application enables the Selection Committee to properly assess each student candidate's skills, abilities, and background. A parent, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information. Our final 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. All students **must tour** the hospital site. To schedule your tour, please contact:

   Holmes Regional Medical Center – Lynda Schuchert at (321) 434-7579
   Lynda.schuchert@hf.org

   Cape Canaveral Hospital – Kathy Tremblay at (321) 292-9134
   Kathy.tremblay@hf.org

   Viera Hospital – Nikolas Torma at (321) 434-9161
   nikolas.torma@hf.org

   Palm Bay Hospital – Mackenzie Hill (321) 407-2240
   Mackenzie.hill@hf.org

2. Submit the completed application and documentation by Friday, February 19, 2027, to your ESE Teacher, Support Specialist, or Guidance Counselor. They will forward to:
   Heather van Rooyen, Content Specialist- Transition
   ESE Program Support
   Phone: 321-633-1000 Ext. 11549

3. ***Student must be an established Vocational Rehabilitation (VR) client. If student is not a current VR client, please complete and send in the VR referral on page 10-11 of this application.***

Application Packet Checklist

The Following **must** be completed and sent with the application:

- ☐ Completed Application Packet
- ☐ Teacher/Counselor Evaluation
- ☐ Copy of Driver's License/ State ID card
- ☐ All pages returned and submitted by deadline
- ☐ Vocational Rehabilitation (VR) Referral submitted to the VR office

Project SEARCH Entrance Criteria

- ☐ Student must be at least 18 years of age.
- ☐ Student must have graduated from Brevard Public Schools **and** deferred receipt of their diploma.
- ☐ Student must have independent personal hygiene and grooming skills.
- ☐ Student must have independent daily living skills.
- ☐ Student must maintain appropriate behavior and social skills in the workplace.
- ☐ Student must adhere to Health First work policies.
- ☐ Student must be able to communicate effectively.
- ☐ Student must have the desire to explore transportation options, including public transportation when available, and be trained to travel independently.
- ☐ Student must have the ability to pass a drug screen and felony check.
- ☐ Student must have immunizations up to date and **will be required to receive the MANDATORY flu vaccine and QuantiFERON-TB Gold Test** (all provided by Health First).
- ☐ **Student must be committed to work competitively at the conclusion of the Project SEARCH program.**

Signature Required: _____

Project | SEARCH® HealthFirst Brevard Public Schools

APPLICATION FOR ADMISSION

submit all pages by February 19, 2027

Name _____
Last First Middle (complete)

Student Cell Phone _____ Student e-mail: _____

Address: _____
Number Street City Zip Code

High School: _____

Date of Birth: _____ Age: _____ ☐ Male ☐ Female

Birth City & State: _____

_____

Mother/Guardian

Name: _____ Address: _____
(if different than home address)

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address:_____

Employer:_____

Father/Guardian

Name: _____ Address: _____
(if different than home address)

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address:_____

Employer:_____

CUSTODIAN/GUARDIAN ☐Both Parents ☐Mother ☐Father ☐Other: _____ Living with: _____

Parent/Guardian Signature: _____ Date: _____

Student Signature _____ Date: _____

Employer/Organization Address/Phone	Dates	Job Title and List of Job Duties	Supervisor Name	Paid	Unpaid
	From To	Title:		☐	☐
	From To	Title		☐	☐

EMPLOYMENT/VOLUNTEER BACKGROUND

List jobs you have had in school or in the community (including volunteer work and CBVE, LEAP)

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

☐ Full Time job ☐ or a Part Time job? How many days/hours per week? _____

What kind of work would you like to do? _____

Where do you plan on living? ☐ Home ☐ Friends ☐ Other

SERVICE AGENCIES:

Are you currently a client of Vocational Rehabilitation (VR)?

Counselor's Name _____ Phone Number: _____

If not, please complete and submit a referral for VR: see page 10-11 for how to submit the referral

Are you eligible for services from the Agency for Persons with Disabilities?

☐ Yes ☐ No Support Coordinator _____ Phone Number: _____

Are you receiving Social Security benefits? ☐ Yes ☐ No

TRANSPORTATION:

How do you plan to get to Project SEARCH?

☐ **SCAT Bus** ☐ **Drive Self** ☐ **Parents** ☐ **Other** _____

INDEPENDENT LIVING:

List any activities and chores that you complete consistently.

_____

_____

_____

_____

Provide all medical history - diagnoses, medications, (surgeries, medications, allergies)

_____

_____

_____

_____

STUDENT RESPONSE QUESTION

Why do you want to come to Project SEARCH? (Student must complete)

_____

_____

_____

_____

_____

LIST 3 REFERENCES (Not a Relative)

Name_____ Phone Number _____

Name_____ Phone Number _____

Name_____ Phone Number _____

This application has been completed by:

_____

Name Title Phone Number Date

_____

Signature

Brevard Public Schools
Student/Parent Agreement

The Brevard County Exceptional Student Education Project SEARCH is designed to teach student employability, social and economic skills. There are responsibilities the student must accept, and it is necessary that certain rules and regulations be strictly observed. **Failure to comply will result in removal from the program.** Signing this document demonstrates that the student and parent understand and agree to follow the program requirements.

1. The student will attend school regularly, complying with district attendance.
2. The student will notify the job site teacher and the job site supervisor before 8:00 a.m. in the event of a necessary absence.
3. The student will comply with all host site policies and procedures.
4. The student and parent agree to background checks and drug testing.
5. The student will be on time to the site and the assigned work location.
6. The student will be clean and dressed in the appropriate work uniform/business dress as required by the employer and wear name badge at all times while attending Project SEARCH.
7. The student will tell the job site teacher, supervisor, or job coach about any problems on the job immediately.
8. The student will complete time sheets every day.
9. If student demonstrates behavior in class or on the job that is not appropriate for a work site setting, removal from the program will occur.
10. Student will actively pursue employment during Project SEARCH participation.
11. We understand that the student is not guaranteed employment upon completion of Project SEARCH program.

Student Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

High School Counselor: _____ Date: _____

Parent Signature: _____ Date: _____

Project SEARCH Teacher/Counselor Assessment

IF THE APPLICANT IS SELECTED FOR THE PROGRAM, THE IEP AND RE-EVALUATION MUST BE REWRITTEN PRIOR TO MAY 2027 – INVITE THE PROJECT SEARCH INSTRUCTOR

Student Name **High School**

Name/Title of Person Filling out Form **Date**

Category	*Behavior Assessment*	*Never*	*Sometimes*	*Frequently*	*Unsure*
Personal	Has business appropriate grooming/ hygiene				
Personal	Has strong family support				
Personal	Is motivated				
Personal	Is easily distracted				
Personal	Tires easily				
Personal	Is easily frustrated				
Personal	Is attentive in class				
Personal	Accepts supervision				
Teamwork	Able to work in a team				
Teamwork	Sensitive to cultural, gender, and generational differences				
Teamwork	Uses good manners and respects others property				
Teamwork	Ask for assistance, clarification, or direction when necessary				
Teamwork	Manages conflict and stress				
Ethics	Honest				
Work Ethic	Able to work independently				
Work Ethic	Works at acceptable speed for tasks				
Work Ethic	Begins a new task without prompting				
Work Ethic	Takes direction or redirection respectfully				
Work Ethic	Demonstrates a positive attitude				
Job Standard	*Excellent Attendance				
Job Standard	Recognizes and copes with frustration in the workplace				
Job Standard	Keeps work area clean and orderly				
Communication	Receives constructive feedback well from supervisors and instructors				
Communication	Initiates conversation				
Communication	Maintains appropriate conversation with others in the workplace				

Project SEARCH Teacher/Counselor Assessment (Continued)

C O N F I D E N T I A L

Student Name	**High School**
Name/Title of Person Filling out Form	**Date**

Why student **IS or IS NOT** a good candidate for Project SEARCH – *PLEASE SHARE CONCERNS AND BE SPECIFIC – INTERNS ARE WORKING IN A PUBLIC SETTING – SEND THIS PAGE SEPARATE IF NEEDED. Is the student currently receiving speech/language or OT/PT services?*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please send application by Friday, February 19, 2027, to:
Heather van Rooyen, Content Specialist-Transition, ESE Program Support
ESF – POD 4

Department of Vocational Rehabilitation

Any student applying for Project SEARCH should also complete and submit a referral to the Department of Vocational Rehabilitation (VR). The VR referral is provided on the following page.

Please explain to the parent/student how the referral process works. The referral process is as follows:

- **BPS submits the referral to VR**
- **VR will send the parents a letter in the mail assigning a day and time for a meeting.**
- **If the parents cannot attend the assigned date and time of the meeting, they should call to reschedule the meeting.**
- **If they miss the meeting on the assigned date then the referral process must start over.**
- **Please make sure that the parent understands that they need to look for a letter from VR in the mail and that it is up to them to follow up with VR. BPS staff are not a part of the process after the referral.**

Once completed, the VR referral and a copy of the student's current IEP should be emailed to the appropriate local VR office. In the referral email, please indicate that the student is applying for Project SEARCH to ensure the application is processed accordingly.

Central Office
2428 Clearlake Road, Building M
Cocoa 32922
Phone: 321-690-3280
Tory Lovelace- Tory.Lovelace@vr.fldoe.org

South Office
1049 Eber Road, Suite 101
Melbourne 32904-8767
Phone: 321-984-4869
Mike McMahon- michael.mcmahon@vr.fldoe.org

Referral to Vocational Rehabilitation

The Florida Department of Education, Division of Vocational Rehabilitation (VR) is here to help individuals with disabilities to find, keep, or get a better job.

For more information, please complete this form and mail to your VR Area Office or call toll free (800)451-4327. Visit www.RehabWorks.org for a list of area offices.

The information on this referral form is being collected pursuant to 34 C.F.R 361.38(a)(1)(iii). Vocational Rehabilitation does not share information without informed written consent.

Date of Referral _____

Contact Information - Required

Name of Individual (Please Print)			
Address (Mailing)	**City**	**State**	**Zip**
Telephone Number ☐ Home ☐ Cell	**Email Address**		

Additional Information - Optional

Gender: ☐ Male ☐ Female	**Currently enrolled in school?** Yes	No	
Highest Education Level Completed:			
Additional Contact Name:	**Additional Contact Phone:**		
How can VR help you become employed?			
How did you hear about us?			

Accommodations for your initial appointment

Do you need an Interpreter? ☐ Yes, ASL ☐ Yes other, specify language:

Do you need translated documents ☐ Yes

Do you need an assistive listening device? ☐ Yes

Do you require any other accommodation(s) for your appointment? ☐ Yes

If so, please explain:

Student Specific Information – Required for School Based Referrals

School Name:	**School District:**
School Contact Person:	

For VR Office Use Only	Received Date:	Entered into Aware Date:

VR program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2024 Federal fiscal year, the total amount of grant funds awarded were $184,931,573. The remaining 21.3 percent of the costs ($50,051,366) were funded by Florida State Appropriations. Revised October 2024.

VCMT001, 9/2025