



This project is provided by the Florida Developmental Disabilities Council, Inc., supported in part by grant numbers 1701FLSCDD-01 and 2017FLSCDD-01 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Citizens undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

# Florida Adult Project SEARCH Application 2022

**APPLICATION FOR PARTICIPATION** *Please return to [sgwaltney@macdonaldcenter.org](mailto:sgwaltney@macdonaldcenter.org)*

## Participant Information

Name

Last

First

Middle

Nickname (if applicable)

Address:

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:  MacDonald Training Center  Vocational Rehabilitation  
 Project SEARCH  Zoo Tampa

**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 Transit, if available  Parents/Guardian, caretaker  Bike  Other (please specify)  List:

**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:

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

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

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**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:**

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**PARTICIPANT RESPONSE QUESTION**

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

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**This application has been completed by:**

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Name	Title	Phone Number	Date
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Signature