

SWEP '22

Summer Work Experience Program 2022

If you are receiving this application, you may be eligible for the Summer Work Experience Program, or SWEP. Through the program, students hold a summer job in their community and receive job-coaching support. They are paid an hourly wage for their work. SWEP is funded by the Productive Living Board of St. Louis County, and is open to county residents with a qualifying disability. It is conducted through a collaboration of six area agencies - MERS/Goodwill is the Lead Agency.

A few important things to remember about eligibility for the SWEP program:

- You must be a resident of St. Louis County.
- You must be between 16 and 20 years of age and planning to return to a school program in the Fall of 2022.
- You cannot participate in SWEP while participating in the Extended School Year Program.
- Your teacher needs to submit a Teacher Input form before the program begins. *Upon receiving your application, we will contact your teacher about this requirement – you do not need to do anything.*

A few important things to remember about the SWEP program:

- You must be available **for the entire 8 weeks of the program**. Tentative dates for SWEP 2022 are June 6 to July 29. ***These dates are subject to change.***
- ***All SWEP participants will need to present appropriate identification – normally, a social security card and photo ID -- at intake.*** These documents are used to complete the I-9 form and prove identity and eligibility to work in the US.
- **You must have your own transportation to participate in the program.** Transportation options to consider: getting rides from family members and friends, using the METRO bus system, using Call-A-Ride, driving yourself, riding a bike, using a ride-sharing service like Uber or Lyft.
- Students who participate in the SWEP program will earn the minimum wage of \$11.15 an hour.
- **Not everyone who applies to the SWEP program will be able to participate this summer.** Students who are eligible and send in completed applications by the deadline will be selected in age-order, with **older students taking priority**.
- Students who are selected to participate will be informed via mail that they have been selected. This letter will arrive by mid-March. **Students who are not eligible or who are on the wait list will not be contacted.**

A few important things to remember about the SWEP 2022 application:

- ***Applications received on or by February 7 will be given first priority.*** All applications received by February 7 will be treated equally. All candidates turning in applications after this date will be put on a waiting list.
- Please print neatly so that all of the information on your application is legible.
- Please fill out the application **completely** and accurately (including the release forms). Any information that is missing or incorrect, **including your Social Security number**, could delay or prevent the processing of your application.
- ***You must sign and return the Participant Application (page 2) and both Authorizations for the Release of Protected Information (pages 3 & 4).*** These authorizations give the SWEP Lead Agency, MERS/Goodwill, permission to request documentation of your disability from the St. Louis Regional Office, and the Special School District. This is necessary to prove your eligibility for the program. **Parent/guardian must sign application and releases if student has not reached the age of 18.**

Please keep this page for future reference.
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SWEP '22 Participant Application

Please print neatly and include **all** of applicant's information.

Last Name:	First Name:
Social Security Number:	Date of Birth:
Home Address (Number and Street):	City and ZIP Code:
Primary Phone Number:	Secondary Phone Number:
Parent or Guardian Name:	Parent or Guardian Email Address:
School/Program:	Teacher / Teacher's Phone Number:
Teacher Email Contact	
Has the applicant participated in SWEP in previous summers? <input type="checkbox"/> '21 <input type="checkbox"/> '20 <input type="checkbox"/> '19 <input type="checkbox"/> '18 <input type="checkbox"/> '17	

I am interested in SWEP. I give my permission for MERS/Goodwill and the other SWEP agencies to contact my school for information that will assist in determining my eligibility and my support needs.

Applicant's Signature

Date

Parent or Guardian's Signature

Date

You may return this application, along with the signed Authorization, in one of the following ways:

- Return to the teacher or Regional Center Case Manager who gave it to you and ask him or her to forward it.
- Mail: Jeff Strasburg
 MERS/Goodwill – Lippman Center
 2545 S. Hanley Rd.
 St. Louis, MO 63144
- Fax: 314-982-8973
- Scan and email: jstrasburg@mersgoodwill.org

Please send in this page along with both signed Authorizations for Release of Protected Information.

AUTHORIZATION FOR RELEASE OF PROTECTED INFORMATION

Client Name:	Address:	Birth Date:
Client SSN:		

I hereby authorize MERS/MISSOURI GOODWILL INDUSTRIES-EMPLOYMENT TRAINING DIVISION ("MMGI-ETD") to use or disclose protected health information that could be used to identify me as described below. "Protected Health Information" is any information that relates to: (1) My past, present or future physical or mental health or condition; (2) Services I have received or will receive

What Information is to be disclosed (i.e. Medical records, Updates on service progress, Medication compliance, Probation/parole compliance):

Complete IEP with statement of disability; teacher input

Who will these records be shared with (i.e. Parent listed by name, Medical Office, Service Organization (preferable to be general, "BJC" vs. caseworker name, probation/parole vs. PO name. You would not put the Veterans Administration VA in this section; they are typically the funding source): Please note, you need to complete a separate Release Form for each organization or individual that will request records.

SSD

I agree that my protected information will be used /disclosed for the following purpose(s) (i.e. Vocational planning & services):

To determine eligibility for the Summer Work Experience Program (SWEP)

Related to the following time period(s): 11 / 30 / 2021 to 11 / 30/ 2022

The release should cover a full year, beginning with the date it is signed (the date at the bottom this form) and ending one year in the future from that. The beginning data can go back as far as necessary, but usually it is sufficient to start with the intake date.

I understand that I have the right to revoke this Authorization in writing, except to the extent MMGI-EDT has taken action in reliance upon this Authorization. I understand that I may see and copy the information described on this form if I ask for it, and that I may obtain a copy of this form after I sign it. I understand that Protected Health Information disclosed in reliance on this Authorization may be re-disclosed by the recipient(s) listed above and may no longer be protected by HIPAA or other potentially applicable laws affecting the privacy of information. *I understand that this Authorization is voluntary and that I may refuse to sign this Authorization. My refusal to sign will not affect my ability to receive services, except in limited circumstances such as research or certain employment situations.*

This Authorization expires on the earlier of one year from the date of signature below, the termination of services, or if revoked in writing.

I have read and understand the above, and I agree to the terms of this Authorization.

Signature of Client or Personal Representative

Date

Personal Representative Section

If a Personal Representative executes this form, that Personal Representative warrants that he or she has authority to sign this form on the basis of:

- ☐ Legal Authority (Power of Attorney, etc.) Please attach documentary evidence.
- ☐ Parent, Guardian or other individual acting *in loco parentis*
- ☐ Written Designation by the Client

If the Authorization Request is signed by a Personal Representative based upon "Legal Authority," adequate documentation of such legal authority shall be provided by such Personal Representative as requested by MMGI-EDT.

AUTHORIZATION FOR RELEASE OF PROTECTED INFORMATION

Client Name:	Address:	Birth Date:
Client SSN:		

I hereby authorize MERS/MISSOURI GOODWILL INDUSTRIES-EMPLOYMENT TRAINING DIVISION ("MMGI-ETD") to use or disclose protected health information that could be used to identify me as described below. "Protected Health Information" is any information that relates to: (1) My past, present or future physical or mental health or condition; (2) Services I have received or will receive

What Information is to be disclosed (i.e. Medical records, Updates on service progress, Medication compliance, Probation/parole compliance):

Current St. Louis Regional Office status, intake progress, and consumer diagnosis information

Who will these records be shared with (i.e. Parent listed by name, Medical Office, Service Organization (preferable to be general, "BJC" vs. caseworker name, probation/parole vs. PO name. You would not put the Veterans Administration VA in this section; they are typically the funding source): Please note, you need to complete a separate Release Form for each organization or individual that will request records.

St. Louis Regional Office

I agree that my protected information will be used /disclosed for the following purpose(s) (i.e. Vocational planning & services):

To determine eligibility for the Summer Work Experience Program (SWEP)

Related to the following time period(s): 11 / 30 / 2021 to 11 / 30/ 2022

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- ☐ Parent, Guardian or other individual acting *in loco parentis*
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