

**2015-2016 ERSEA:
Phase 1: Intake Forms
Timeline: Complete by 6/30**



Forms	Do I need to send a copy to PSESD?
Family Partnership Summary	No
Family Partnership Tracking Record/Contact Log	No
DEL Enrollment Form (ECEAP)	No
Pointed PSESD Early Learning Application (EHS & HS)	Yes
PSESD Early Learning Returning Application (EHS & HS)	Yes (returning children only)
Eligibility Verification Form (EHS, HS & ECEAP)	Yes, for EHS & HS if the application meets one of the following: <ul style="list-style-type: none"> • New application • Child returning for the 3rd year • Child transitioning from EHS to HS • Child returning to a HS or ECEAP site that uses a shared waitlist in ChildPlus
Interpreter Consent Form	No
Emergency Treatment and Parent/Guardian Consent (Complete by all programs)	No
Health and Developmental History Form (Complete by all programs) <ul style="list-style-type: none"> • Reviewed with parent • Signed by parent • Signed by staff • Identified issues noted on Partnership Summary 	Yes (EHS & HS only)
Birth and Developmental History Form (EHS only) Pregnancy Health History Form (EHS only)	Yes (EHS only)
Certificate of Immunization Status <ul style="list-style-type: none"> • Status reviewed with parent • Signed by parent • If exempt, send Certificate of Exempt to ESD (EHS & HS) 	Yes (EHS & HS only) Yes (EHS & HS only)

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Safe Arrival Policy, Safe Arrival Departure Agreement • Review with the parent • Signed by parent/guardian	No
School Readiness Goal Setting Form	No
If Applicable	
Living Situation Survey <i>For new families:</i> • Complete new form if family is categorically homeless <i>For returning families:</i> • Complete new form if family living situation changes to homeless • Review last year's form to verify if living situation has changed (do not change family's eligibility status if the situation changed).	No
Child Health Plan and Provider Orders • Notified Health/Nutrition Coordinator or Nurse Consultant • Healthcare Provider Dietary Accommodation Form • Parent/Guardian Request for Milk Substitute	Yes (EHS & HS only)
Medications: • Parent Authorization and Medication Administration Record Form • Parents Rights and Responsibilities	Yes (copy of medication label, Provider/Parent Authorization only)
Authorization to Release/Exchange of Confidential Health Information	Yes (EHS & HS only)
Release/Exchange of Information (Non-Health)	No
Release/Exchange of Information with School District	No