

Original Points

Total Points

2017-2018 Beba in Kanne an juōn eo emōj an kanne moktalok

2017-2018 Returning Application



(For Staff Use Only)

Date sent to ESD: _____

Center Location ID: _____

Section A: Melele ko an Ajiri eo

| | |
|-----------------------|---|
| Melele ko an Ajiri eo | Āt eo Etan Ajiri eo: _____ Leta eo jino in ilo Middle name eo an: _____ Last Name eo an: _____ |
| | Raan in Lōtak: _____ Ledrik ke Ladrik: <input type="checkbox"/> Ledrik <input type="checkbox"/> Ladrik Talebon nōmba: _____ |
| | Atoreej: _____ |
| | Etan Apartment/Nōmba: _____ City: _____ Zip: _____ |

Section B: Melele ko kin Ejmour im Eddōklok

| | |
|-----------------------|--|
| Melele ko an Ajiri eo | <input type="checkbox"/> Emmenono (Wōrlōk, RSV, RAD, men ko jet) <input type="checkbox"/> Nañinmij in Tōñal <input type="checkbox"/> Nañinmij in Dūbūbūb <input type="checkbox"/> Nañinmij in Menono <input type="checkbox"/> Kadōk Mōñā (jeiki mōñā ko): _____ <input type="checkbox"/> Waroñlok <input type="checkbox"/> Kadōk men ko jet rejjab mōñā (jeiki men ko): _____ <input type="checkbox"/> Men ko jet (jeiki men ko): _____ |
| | Ebar wōr ke am abunōnō kin ejmour eo an ajiri eo nejum? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Ñe aet, kōkalleiki aolep men ko rekkar: <input type="checkbox"/> Wāwein an mōñā im/ak mōñā ko emōj kile remman ñan kejbārok ejmour <input type="checkbox"/> Edrik joñan baun ilo raan in lōtak (5.5 lbs ak driklok) <input type="checkbox"/> Roñjak <input type="checkbox"/> Metak ñiin/Mak/Bōtōktōk ñadin <input type="checkbox"/> Erre ak lolokjen <input type="checkbox"/> Nañinmij in Kōmelij <input type="checkbox"/> Jorāān Jen Uno ko rekajoor/Dren in Kadōk ak Arkool <input type="checkbox"/> Mōñā ko ejjab māroñ kañi im renana ñan ānbwinin (jeiki aolep): _____ <input type="checkbox"/> Abunōnō ko jet ikijen ejmour (jeiki men ko): _____ |
| | Ewōr ke an ajiri eo nejum injuran ak joortoklik in taktō? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Elañe aet, kain rōt: <input type="checkbox"/> Apple Health/ProviderOne <input type="checkbox"/> An make <input type="checkbox"/> Indian Health <input type="checkbox"/> Bar juōn: _____ |
| | Ewōr ke an ajiri eo nejum injuran ak joortoklik in kōmman ñi? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Elañe aet, kain rōt: <input type="checkbox"/> Apple Health/ProviderOne <input type="checkbox"/> An make <input type="checkbox"/> Indian Health <input type="checkbox"/> Bar juōn: _____ |
| | Ajiri eo nejum enañin ke ioon (Kōkalleiki aolep ko rekkar): <input type="checkbox"/> Kakkure/Kejoolle im Jab Lale <input type="checkbox"/> Kejbārok an Baamle ko ilo Foster Care kar Moktalok <input type="checkbox"/> Kar kajitōk bwe en emakit jen jikin lale ajiri ak child care center kin mwilin |
| | Ewōr ke an ajiri eo nejum utamwe? (Kōkalleiki aolep men ko rekkar): <input type="checkbox"/> Plan In Ekatak ilo Jikuul Ñan Juōn Armij ak Individualized Education Plan (IEP) <input type="checkbox"/> Plan In Jibañ ñan Baamle ak Individualized Family Service Plan (IFSP) <input type="checkbox"/> Juōn utamwe ak nañinmij im ejjab māroñ makitkit ak jermal im taktō ear kakōlkōle <input type="checkbox"/> Dreloñ ilo juōn Burokraam in Mōkaj in Jibañ ñan niñniñ ko rej kab lōtak ñan 3 yiō ilo allōñ ko 6 rej kab jemlok lok |

Section C: Melele kin Baamle

| | |
|--|---|
| Ajiri eo ej jokwe ibben: <input type="checkbox"/> Juōn iaan jinen ak jemen/rilorlorjake <input type="checkbox"/> Jinen im jemen jimor/rilorlorjake ro Kadkadin Jinen im Jemen/Rilorlorjake eo (ro) <input type="checkbox"/> Jinen ak (im) jemen ilo Burokraam <input type="checkbox"/> Jibwin im/ak jimaan <input type="checkbox"/> Jatin ak jein jinen ak jemen ñan armij eo ej kanne beba in: _____ in Foster Care <input type="checkbox"/> Molin Jinen im/ak Jemen <input type="checkbox"/> Jinen im/ak Jemen kin Kōkkajiriri <input type="checkbox"/> Riabin Jinen im/ak Jemen <input type="checkbox"/> Men ko jet: _____ | |
| Melele kin Jinen im Jemen/Rilorlorjake eo | Jinen im Jemen/Rilorlorjake <input type="checkbox"/> Jinen <input type="checkbox"/> Jemen <input type="checkbox"/> Bar juōn |
| | Etan: _____ Atoreej – ñe oktak jen ajiri eo: _____ _____ _____ |
| | Talebon nōmba eo ekkā kōjerbale: _____ <input type="checkbox"/> Mwōn Jokwe eo <input type="checkbox"/> Cell <input type="checkbox"/> Jikin Jerbal <input type="checkbox"/> Likit naan ak māje ko |
| | Talebon nōmba eo juōn: _____ <input type="checkbox"/> Mwōn Jokwe eo <input type="checkbox"/> Cell <input type="checkbox"/> Jikin Jerbal <input type="checkbox"/> Likit naan ak māje ko |
| Melele kin Jinen im Jemen/Rilorlorjake eo | Jinen im Jemen/Rilorlorjake <input type="checkbox"/> Jinen <input type="checkbox"/> Jemen <input type="checkbox"/> Bar juōn |
| | Etan: _____ Atoreej – ñe oktak jen ajiri eo: _____ _____ _____ |
| | Talebon nōmba eo ekkā kōjerbale: _____ <input type="checkbox"/> Mwōn Jokwe eo <input type="checkbox"/> Cell <input type="checkbox"/> Jikin Jerbal <input type="checkbox"/> Likit naan ak māje ko |
| | Talebon nōmba eo juōn: _____ <input type="checkbox"/> Mwōn Jokwe eo <input type="checkbox"/> Cell <input type="checkbox"/> Jikin Jerbal <input type="checkbox"/> Likit naan ak māje ko |

| | | |
|---|---|--|
| Melele kin Jinen im Jemen/Rilorlorjake eo | Email Atoreej: | Email Atoreej: |
| | Raan in Lōtak: _____ Allōñ / Raan / Yiō | Raan in Lōtak: _____ Allōñ / Raan / Yiō |
| | Joñan Jelālokjen eo kwar bōke (kōkalleiki kilaaj eo euteejtata kwar kamōje) <input type="checkbox"/> Kilaaj 6 ak driklok <input type="checkbox"/> GED <input type="checkbox"/> Kilaaj 7 <input type="checkbox"/> Kaduwōjlok jen high school <input type="checkbox"/> Kilaaj 8 <input type="checkbox"/> Kalōj/Uteejlok Katak in kaminene <input type="checkbox"/> Kilaaj 9 <input type="checkbox"/> Tikri jen Kalōj/Beba in Kaminene <input type="checkbox"/> Kilaaj 10 <input type="checkbox"/> Associate ak Ruo yiō Tikri <input type="checkbox"/> Kilaaj 11 <input type="checkbox"/> Bachelor ak Emen yiō Tikri <input type="checkbox"/> Kilaaj 12 (Ejelok tiploma) <input type="checkbox"/> Master ak elaplok jen emen yiō Tikri | Joñan Jelālokjen eo kwar bōke (kōkalleiki kilaaj eo euteejtata kwar kamōje) <input type="checkbox"/> Kilaaj 6 ak driklok <input type="checkbox"/> GED <input type="checkbox"/> Kilaaj 7 <input type="checkbox"/> Kaduwōjlok jen high school <input type="checkbox"/> Kilaaj 8 <input type="checkbox"/> Kalōj/Uteejlok Katak in kaminene <input type="checkbox"/> Kilaaj 9 <input type="checkbox"/> Tikri in Kalōj/Beba in Kaminene <input type="checkbox"/> Kilaaj 10 <input type="checkbox"/> Associate ak Ruo yiō Tikri <input type="checkbox"/> Kilaaj 11 <input type="checkbox"/> Bachelor ak Emen yiō Tikri <input type="checkbox"/> Kilaaj 12 (Ejelok tiploma) <input type="checkbox"/> Master ak elaplok jen emen yiō Tikri |
| | Jinen ak jemen/rilorlorjake eo ej ke ritarinae in Amedka ilo tōre in? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Jinen ak jemen/rilorlorjake eo ej ke veteran in ritarinae in Amedka? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Jinen ak jemen/rilorlorjake eo ej ke bed ilo burokraam in kaminene ak jikuul in ekatak kapeel ko? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Ewōr ke an jinen ak jemen/rilorlorjake eo jerbal? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Ewōr ien jerbal (seasonal) <input type="checkbox"/> Ejemlok ak Retire <input type="checkbox"/> Utamwe Elañe ej jerbal, jete awa ilo juōn wiik? _____ | Jinen ak jemen/rilorlorjake eo ej ke ritarinae in Amedka ilo tōre in? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Jinen ak jemen/rilorlorjake eo ej ke veteran in ritarinae in Amedka? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Jinen ak jemen/rilorlorjake eo ej ke bed ilo burokraam in kaminene ak jikuul in ekatak kapeel ko? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Ewōr ke an jinen ak jemen/rilorlorjake eo jerbal? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Ewōr ien jerbal (seasonal) <input type="checkbox"/> Ejemlok ak Retire <input type="checkbox"/> Utamwe Elañe ej jerbal, jete awa ilo juōn wiik? _____ |
| | Kwōj aikuj ke am riukook? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Kajin ta eo (ko) kwōjelā? | Kwōj aikuj ke am riukook? <input type="checkbox"/> Jaab <input type="checkbox"/> Aet Kajin ta eo (ko) kwōjelā? |
| | Ñan lewaj jibañ eo ekkar ñan baamle eo am, jouj im kōkalleiki aoleb men ko kwōj abunōnō kaki kin kwe make im/ak baamle eo am. <input type="checkbox"/> Utamwe ak Jorāān ak nañinmij in ānbwin <input type="checkbox"/> Jerbal/Jikin jerbal eo <input type="checkbox"/> Ewōr jidik ak ejelok jibañ jen baamle ak ro möttam im eban makitkit ak jerbal/Ejjab māroñ jerbal <input type="checkbox"/> Jorāān Jen Uno ko rekajoor/ <input type="checkbox"/> Abañ ko ilo an Ekatak <input type="checkbox"/> Ro raar emakit tok jen lal ko jet/ <input type="checkbox"/> Inebata kin ejmour Dren in Kadōk ak Arkool <input type="checkbox"/> Ear ko jen jorāān ko ilo lal eo an (<i>jen 3 yiō rejemlok</i>) <input type="checkbox"/> Injuran in taktō <input type="checkbox"/> Mij/Buromōj <input type="checkbox"/> Jinen/Jemen Ekalbuuj <input type="checkbox"/> Jorāān im kakkure ak on man driloan baamle <input type="checkbox"/> Jikin jokwe <input type="checkbox"/> Kajjitōk ko ikijen kakien ko <input type="checkbox"/> Ritarinae ej etal ñan jikin tarinae (ilo tōre in ak yiō eo lok) <input type="checkbox"/> Emakit ñan ak dreloñe bar juōn lal <input type="checkbox"/> Ejmour eo an kōmelij, Buromōj ak kelok elikin an kōlōtak, Inebata, Buromōj, PTSD <input type="checkbox"/> Ekar ke wōr keij ibben CPS ilo tōre ko maanlok <input type="checkbox"/> Ejelok jikin jokwe ilo 12 allōñ ko rejemlok (ejjab kiō) | |

Iar uaaki kajjitōk ko joñan wōt aō jelā. Melele ko emōj liloki renaaj kōjberbali ñan lale ñe ajiri eo neju emāroñ bed ilo Burokraam in Jelālokjen an Ajiri ro redrik.

Kōjjelā: Melele ko ilo beba in kanne eo am reban ajedeed im naaj jerbal WŌT ñan lale ñe emāroñ bed ilo burokraam eo. Kimij jab lilok melele ko ñan immigration ak obiij ko jet an kien ak ruteej ro ilo kien.

Jain in etan Jinen ak Jemen/Rilorlorjake: _____ Raan: _____

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|---|--|
| Is this child returning to the same center? <input type="checkbox"/> No <input type="checkbox"/> Yes If not, which center is the child returning to? _____ | |
| Forms Needed: New <input type="checkbox"/> Parent/Guardian Consent and Emergency Treatment <input type="checkbox"/> Safe Arrival/Departure Agreement <input type="checkbox"/> Release/Exchange of Confidential Information (as needed) <input type="checkbox"/> Parent Interest Survey <input type="checkbox"/> Family Engagement Survey <input type="checkbox"/> Initial School Readiness Goal Form <input type="checkbox"/> Child Enrollment Information Form (Preschool or Infant/Toddler) | <input type="checkbox"/> MD Statement for Administration of Medications (as needed) <input type="checkbox"/> Medical Exam (every 12 months for preschool, more frequent for EHS) <input type="checkbox"/> Dental Exam (every 6 months) <input type="checkbox"/> New H & D History if longer than 2 years in program <input type="checkbox"/> Child Health Plan (as needed, NPLT – PLT done by SRC Health for EHS/HS, Nurse Consultant for ECEAP) <input type="checkbox"/> HIPAA (Health Information Exchange – only as needed) <input type="checkbox"/> Parent Authorization for Medication Administration (as needed) |
| Update or Review/Parent re-sign and date <input type="checkbox"/> Family Partnership Agreement (EHS Home Based Only) <input type="checkbox"/> Family Partnership Plan <input type="checkbox"/> Eligibility Verification Form (EHS transferring to preschool or 3 rd year HS) | <input type="checkbox"/> Family Enrollment Visit Record <input type="checkbox"/> Health/Developmental History (review or update for year 1&2, new form for 3rd year) <input type="checkbox"/> Race & Ethnicity Form (complete if missing from current year) <input type="checkbox"/> Food Introduction Record Form (EHS) |