

Original Points

Total Points

**Soo celinta Codsiga 2017-2018**

2017-2018 Returning Application



(For Staff Use Only)

Date sent to ESD: \_\_\_\_\_

Center Location ID: \_\_\_\_\_

**Qaybta A: Macluumaadka Ilmaha**

Macluumaadka Ilmaha	Ilmaha Magaciisa Hore: _____ Xarafka Dhexe: ____ Magaca Danbe: _____
	Taariikhda Dhalasho: _____ Sinji: <input type="checkbox"/> Lab <input type="checkbox"/> Dhedig Telephone: _____
	Cinwaanka: _____
	Magaca/Lambarka Abaarmenta: _____ Magaalada: _____ Zip-ka: _____

**Qaybta B: Macluumaadka Caafimaadka iyo Koboca**

Macluumaadka Ilmaha	<input type="checkbox"/> Neefsiga (Asmada, RSV, RAD, kale) <input type="checkbox"/> Sonkorow <input type="checkbox"/> Qalayl <input type="checkbox"/> Xaalad Wadnaha ah <input type="checkbox"/> Xasaasiyadaha Cunto (qor): _____ <input type="checkbox"/> Liqidda <input type="checkbox"/> Cuntooyinka aanu xasaasiyadda ku ahayn (qor): _____ <input type="checkbox"/> Kale (qor): _____
	Ma haysaa wax kale oo tabasho ah oo ku saabsan caafimaadka ilmahaaga? <input type="checkbox"/> Maya <input type="checkbox"/> Haa Haddii ay haa tahay, sax saar wixii khuseeya:
	<input type="checkbox"/> Quudinta iyo/ama cunto gaar ah <input type="checkbox"/> Miisaanka dhalashada oo ka hooseeya <input type="checkbox"/> Dhageysiga <input type="checkbox"/> Ilko xanuun/Burbur/Cirid Dhiig (5.5lbs ama ka yar) <input type="checkbox"/> Aragga <input type="checkbox"/> Caafimaadka Maskaxda <input type="checkbox"/> Saamayn Khamri/Daroogo <input type="checkbox"/> Cuntooyin diid (qor): _____ <input type="checkbox"/> Cabashooyinka caafimaad ee kale(qor): _____
	Ilmahaagu ma leeyahay caymis caafimaad? <input type="checkbox"/> Maya <input type="checkbox"/> Haa Haddii ay haa tahay, waa noocee: <input type="checkbox"/> Apple Health/ProviderOne <input type="checkbox"/> Shaqsiyana <input type="checkbox"/> Indian Health <input type="checkbox"/> Kale: _____
	Ilmahaagu ma leeyahay caymis ilkaha? <input type="checkbox"/> Maya <input type="checkbox"/> Haa Haddii ay haa tahay, waa noocee: <input type="checkbox"/> Apple Health/ProviderOne <input type="checkbox"/> Shaqsiyana <input type="checkbox"/> Indian Health <input type="checkbox"/> Kale: _____
	Cunugaagu miyuu la kulmay (Hubso dhammaan kuwani inay khuseeyaan): <input type="checkbox"/> Ku xad gudub/Dayac <input type="checkbox"/> Foster Care kii hore <input type="checkbox"/> Uu way diiyay inuu ka tago xarunta daryeel cunug maxaa yeelay dabecadda
	Ilmahaagu ma leeyahay baahi gaar ah? (Sax saar wixii khuseeya oo dhan): <input type="checkbox"/> Qorshaha Waxbarashada Shaqsiga (IEP) <input type="checkbox"/> Qorshaha Adeega Qoys ee Shaqsiga (IFSP) <input type="checkbox"/> Naafo laga helay <input type="checkbox"/> Isdiiwaangelinta Faragelinta Hore ee Dhalashada ilaa 3 barnaamij ee 6 bilood ee ugu dambeeyay
	Miyaad qabtaa cabashooyin ku saabsan koriinka cunugaaga? <input type="checkbox"/> Maya <input type="checkbox"/> Haa Haddii ay haa tahay, sax saar wixii khuseeya:
	<input type="checkbox"/> Hadalka/Hadlidda (codad samaynta, hadal daahid, ay adagtahay in la fahmo iyo/ama ay ku adagtahay inuu fahmo dadka kale) <input type="checkbox"/> Waxqabada Wanaagsan (qabashada, sawirida, qoridda iyo/ama labisidda) <input type="checkbox"/> Dabecadda (garaacidda, qaniinyada, xanaaqid iyo/ama inaanu la shaqayn) <input type="checkbox"/> Socodka (lugaynta, fuulidda, tuurista, daad guraynta, isha ku hayn la'aan, xirfaddo la'aan) <input type="checkbox"/> Cabashooyin kale:

**Qaybta C: Macluumaadka Qoyska**

Ilmuhu wuxuu la nool yahay: <input type="checkbox"/> Hal waalid/ilaaliye <input type="checkbox"/> Laba waalid/ilaaliyayaal		
Xidhiidhka Waalidka/Wakiilka ee dalbadaha: <input type="checkbox"/> Waalidka Xannaanada <input type="checkbox"/> Ayeeyo(yin) <input type="checkbox"/> Eedo/Adeer		
<input type="checkbox"/> Waalidka Dhalay <input type="checkbox"/> Waalidka Korsaday <input type="checkbox"/> Aayada <input type="checkbox"/> Kale: _____		
Macluumaadka Waalidka/Wakiilka	<b>Waalid/Wakiil</b> <input type="checkbox"/> Hooyo <input type="checkbox"/> Aabo <input type="checkbox"/> Kale Magaca: _____ Cinwaanka – haddii uu ilmaha aan ahayn cunugaaga: _____ _____ _____	<b>Waalid/Wakiil</b> <input type="checkbox"/> Hooyo <input type="checkbox"/> Aabo <input type="checkbox"/> Kale Magaca: _____ Cinwaanka – haddii uu ilmaha aan ahayn cunugaaga: _____ _____ _____
	Taleefanka Koowaad: _____ <input type="checkbox"/> Guri <input type="checkbox"/> Gacanta <input type="checkbox"/> Shaqo <input type="checkbox"/> Farriin	Taleefanka Koowaad: _____ <input type="checkbox"/> Guri <input type="checkbox"/> Gacanta <input type="checkbox"/> Shaqo <input type="checkbox"/> Farriin
	Taleefanka Labaad: _____ <input type="checkbox"/> Guri <input type="checkbox"/> Gacanta <input type="checkbox"/> Shaqo <input type="checkbox"/> Farriin	Taleefanka Labaad: _____ <input type="checkbox"/> Guri <input type="checkbox"/> Gacanta <input type="checkbox"/> Shaqo <input type="checkbox"/> Farriin

Macluumaadka Waalidka/Wakiilka	limaylka: _____	limaylka: _____
	Taariikhda Dhalasho: _____ / _____ / _____ Bisha      Maalinta      Sannadka	Taariikhda Dhalasho: _____ / _____ / _____ Bisha      Maalinta      Sannadka
	<b>Heerka Waxbarasho (sax saar heerka u sarreeya ee uu gaadhay)</b> <input type="checkbox"/> Fasalka 6 ama ka hooseeya <input type="checkbox"/> GED (horumarinta waxbarshada guud) <input type="checkbox"/> Fasalka 7 <input type="checkbox"/> Dugsi Sare Ka Qalinjabiyay <input type="checkbox"/> Fasalka 8 <input type="checkbox"/> Kuliyad/Heer sare. Tababar <input type="checkbox"/> Fasalka 9 <input type="checkbox"/> Digriiga Kuliyadda/Shahaadada Tababarka <input type="checkbox"/> Fasalka 10 <input type="checkbox"/> Digri laba sanno ah <input type="checkbox"/> Fasalka 11 <input type="checkbox"/> Bajular Digri <input type="checkbox"/> Fasalka 12 (Maya diblooma) <input type="checkbox"/> Digriiga Sare	<b>Heerka Waxbarasho (sax saar heerka u sarreeya ee uu gaadhay)</b> <input type="checkbox"/> Fasalka 6 ama ka hooseeya <input type="checkbox"/> GED (horumarinta waxbarshada guud) <input type="checkbox"/> Fasalka 7 <input type="checkbox"/> Dugsi Sare Ka Qalinjabiyay <input type="checkbox"/> Fasalka 8 <input type="checkbox"/> Kuliyad/Heer sare. Tababar <input type="checkbox"/> Fasalka 9 <input type="checkbox"/> Digriiga Kuliyadda/Shahaadada Tababarka <input type="checkbox"/> Fasalka 10 <input type="checkbox"/> Digri laba sanno ah <input type="checkbox"/> Fasalka 11 <input type="checkbox"/> Bajular Digri <input type="checkbox"/> Fasalka 12 (Maya diblooma) <input type="checkbox"/> Digriiga Sare
	Waalidka/mas'uulka hada si firfircoon ma uga mid yihiin ciidamada Mareykanka? <input type="checkbox"/> Maya <input type="checkbox"/> Haa Waalidka/mas'uulka hada ma waxay yihiin ciidamada U.S. ee halyeeyadii hora? <input type="checkbox"/> Maya <input type="checkbox"/> Haa Waalidka/mas'uulka ma waxay dhigtaan tababar shaqo ama iskuul? <input type="checkbox"/> Maya <input type="checkbox"/> Haa Waalidka/mas'uulka hada ma shaqeeya? <input type="checkbox"/> Maya <input type="checkbox"/> Haa <input type="checkbox"/> Waqti Buuxa <input type="checkbox"/> Waqti Barkii <input type="checkbox"/> Xilliyeedka <input type="checkbox"/> Shaqo joojiyay <input type="checkbox"/> Naafa Haddii uu shaqeeyo, meeqa saacadood ayuu shaqeyaa sitimaankii? _____	Waalidka/mas'uulka hada si firfircoon ma uga mid yihiin ciidamada Mareykanka? <input type="checkbox"/> Maya <input type="checkbox"/> Haa Waalidka/mas'uulka hada ma waxay yihiin ciidamada U.S. ee halyeeyadii hora? <input type="checkbox"/> Maya <input type="checkbox"/> Haa Waalidka/mas'uulka ma waxay dhigtaan tababar shaqo ama iskuul? <input type="checkbox"/> Maya <input type="checkbox"/> Haa Waalidka/mas'uulka hada ma shaqeeya? <input type="checkbox"/> Maya <input type="checkbox"/> Haa <input type="checkbox"/> Waqti Buuxa <input type="checkbox"/> Waqti Barkii <input type="checkbox"/> Xilliyeedka <input type="checkbox"/> Shaqo joojiyay <input type="checkbox"/> Naafa Haddii uu shaqeeyo, meeqa saacadood ayuu shaqeyaa sitimaankii? _____
	Ma u baahan tahay turjubaan? <input type="checkbox"/> Maya <input type="checkbox"/> Haa	Ma u baahan tahay turjubaan? <input type="checkbox"/> Maya <input type="checkbox"/> Haa
	Luqadahee ayaad ku hadashaa? _____	Luqadahee ayaad ku hadashaa? _____

Si si fiican loogu taagyeero qoyskaaga, fadlan calaamadee dhammaan meelaha walaaca aad ka qabto ee naftaada iyo/ama mida qoyskaaga.

Naafo/Ma awoodaan inay shaqeeyaan       Camal/Shaqo       Ka helay taageero yar ama aan ka helinba wax taageero ah qoyska ama saaxiibada

Arrimaha Daroogada/Khamriga       Dhibaatooyinka barashada       Muhaajir/Qoxooti       Cabashooyin Caafimaad (3 sanno ee la soo dhaafay)

Caymis Caafimaad       Khasaare/Calool xumo       Waalid Xiran       Rabshad Qoys

Guriyayn       Arrimo Sharci       Horumar Milatari (hadda sannadkii la soo dhaafay)

Socdaal       Caafimaadka Maskaxda, Walaaca Dhalmada, Walaaca, Niyad jab, PTSD

Ku lugyeelashada Hore ee CPS       Guri la'aan 12 kii bilood ee la soo dhaafay (maya hadda)

Waxaan kaga jawaabay su'aalaha sida ugu fiicnayd ee aan karayey. Macluumaadka la bixiyay waxa loo isticmaali doonaa in lagu go'aamiyo xaq u yeelashada ilmahayga ee barnaamijyada Barashada Hore.

**Ogow:** Macluumaadka dalabkaagu waa qarsoodi waxaana KALIYA loo isticmaali doonaa go'aaminta mutaysiga. Uma fasaxno macluumaadka hay'adaha socdaalka iyo kuwa kale ee dowladda.

Saxiixa Waalid/Ilaaliye: \_\_\_\_\_ Taariikhda: \_\_\_\_\_

<b>For Staff Use Only</b>	
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? _____	
<b>Forms Needed: New</b> <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)
<b>Update or Review/Parent re-sign and date</b> <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 <sup>rd</sup> 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)