Bloom Application 2022-2023

Date application completed: _____

Applicant Information

Name: _____
(Last) (First) (Middle) (Nickname if used)

Date of birth: ____/____/_____ Sex: ○Male ○Female

Race: (Select all that apply)

☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black or African American
☐ Hispanic or Latino ☐ White/Caucasian ☐ Prefer not to say ☐ Other: _____

Primary Language spoken at home: _____

Primary Insurance: _____ Secondary Insurance (if applicable): _____

Does the applicant have a diagnosis of autism spectrum disorder? (Required for Bloom program)

○ Yes - Date of diagnosis: _____ Diagnosing physician: _____
○ No - If no, is the application in process? _____

Does the applicant have any other diagnoses?

○ Yes - Please specify _____
○ No other diagnoses.

Family Information

Who has legal guardianship of the applicant: ○Both parents ○Father ○Mother ○Other: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Relationship to applicant: _____ Relationship to applicant: _____

Screening Survey

Please answer all questions to the best of your ability. These questions will help us get to know your child better.

What level of support does your child need for transitions from one place to another (e.g., parking lot to store; school to car; etc.)?

- ◯ Walks next to adult easily
- ◯ Walks, but requires extra support
- ◯ Needs extra time and physical support
- ◯ Carried by an adult or pushed in a stroller
- ◯ Other: _____

Does your child carry his or her personal items (backpack, lunch box, jacket, etc.)?

- ◯ Always
- ◯ Frequently
- ◯ Seldom
- ◯ Never
- ◯ Other: _____

How does your child do with toileting?

- ◯ Toilet trained; independent
- ◯ Toilet trained but needs help with clothing
- ◯ Partially toilet trained (wears pull-ups; sits on toilet)
- ◯ Wears diapers/pull-ups with no interest in toileting
- ◯ Other: _____

How does your child do leaving one activity and going to another activity (i.e. transitions)?

- ◯ Transitions without problem most of the time
- ◯ Requires physical assistance during most transitions
- ◯ Refuses to transition most of the time
- ◯ Cries or has tantrums during most transitions
- ◯ Other: _____

How are your child's pre-writing skills?

- ◯ Writes name without help
- ◯ Copies and traces letters and numbers
- ◯ Scribbles
- ◯ No interest in paper and pencil tasks
- ◯ Other: _____

How does your child communicate?

- ◯ Communicates in sentences
- ◯ Communicates with words and phrases
- ◯ Communicates using signs, pictures, or AAC device
- ◯ No method of communication
- ◯ Other: _____

How does your child respond to age appropriate instructions?

- ◯ Follows instructions from across the room
- ◯ Instructions must be repeated most of the time for instruction to be followed
- ◯ Needs physical support to follow instruction
- ◯ Usually tantrums in response to instructions
- ◯ Other: _____

How are your child's social skills?

- ◯ Plays with friends easily
- ◯ Plays next to friends
- ◯ Separates self from other children or tends to play alone
- ◯ No interest in being around other kids
- ◯ Other: _____

How does your child learn the best?

- ◯ Easily in the natural environment
- ◯ Requires extra support and repetition
- ◯ Other: _____

Please tell us any additional information relating to these topics that you think would be helpful for us to know.

_____

_____

_____

Child's Current Placement

Please provide us with any relevant information regarding the child's current placement.

Where is the child during the day? ◯Home ◯School/Daycare ◯Therapy ◯Other:_____

Name of school/daycare/therapy center: _____

Type of class/program: _____

Education History

Has the child previously attended a school or daycare they are not currently enrolled in?

◯Yes ◯No ◯Other: _____

If yes, what is the name of the school the child most recently attended? _____

Type of class/program: _____

What are the reasons for seeking a different school placement for your child?

_____

Therapy History

Speech-language Therapy

Has the child ever been evaluated for speech- language therapy services? ◯Yes ◯No ◯Other: _____

If yes, when was the child last evaluated? _____

Where was the child last evaluated? _____

Has the child ever received speech-language therapy services?

◯Yes, currently receiving services Therapy provider: _____

Start date: _____ Frequency of appointments: _____

◯Yes, received in the past but not currently Therapy provider: _____

Start date: _____ End date: _____ Frequency of appointments: _____

◯No, my child has never received speech-language therapy services

◯Other: _____

Other relevant information regarding speech-language therapy:

_____

Occupational Therapy

Has the child ever been evaluated for occupational therapy services? ◯Yes ◯No ◯Other: _____

If yes, when was the child last evaluated? _____

Where was the child last evaluated? _____

Has the child ever received occupational therapy services?

◯Yes, currently receiving services Therapy provider: _____

Start date: _____ Frequency of appointments: _____

◯Yes, received in the past but not currently Therapy provider: _____

Start date: _____ End date: _____ Frequency of appointments: _____

◯No, my child has never received occupational services

◯Other: _____

Other relevant information regarding occupational therapy:

_____

Applied Behavior Analysis (ABA)

Has the child ever been evaluated for ABA therapy? ◯Yes ◯No ◯Other: _____

If yes, when was the child last evaluated? _____

Where was the child last evaluated? _____

Has the child ever received ABA therapy?

◯Yes, currently receiving services Therapy provider: _____

Start date: _____ Frequency of appointments: _____

◯Yes, received in the past but not currently Therapy provider: _____

Start date: _____ End date: _____ Frequency of appointments: _____

◯No, my child has never received ABA therapy

◯Other: _____

Other relevant information regarding ABA therapy:

_____

Early Steps

Has the child received Early Steps services? ◯Yes ◯No ◯Unsure

If yes, what services were received? _____

Pupil Appraisal

Local school district of residence: _____

Has the child ever been evaluated by Pupil Appraisal or your local public school?

- ◯Yes - What areas of exceptionality were identified (if any)? _____
- ◯No
- ☐ Evaluation in process
- ☐ Evaluation scheduled

Other: _____

Does your child have a current IEP? ◯Yes ◯No ◯Other: _____

Additional Information

Please provide any other information about your child that you would like for us to know.

Financial Aid Application

If you are interested in receiving financial aid, please complete the attached form titled "Application for Financial Assistance" and return with required supporting documents.

How to submit application:

Please submit this application and all required documents to Natalee Menge by **February 11, 2022**. Application and documents must be dropped off at The Emerge Center, mailed, or faxed to the location below**.**

The Emerge Center
Attn: Natalee Menge
7784 Innovation Park Dr.
Baton Rouge, LA 70810
Fax #: 225-343-4233

If you should have any questions, please contact Natalee Menge at 225-343-4232 ext. 6905 or nmenge@emergela.org.

the emerge CENTER
for communication, behavior, and development

Application for Financial Assistance

Client Name: _____ Date of Birth: ___/____/_____
Responsible Party: _____ Relationship: _____
Address: _____
Phone #s: Home: _____ Work: _____ Cell: _____
Social Worker/ Care Attendant: _____ Phone: _____

The Emerge Center is a non-profit agency serving all people regardless of race, creed, ethnic origin, or level of income. The costs of services provided are based, to the greatest extent possible, on a person's ability to pay. To qualify for assistance, please fill in the information below. All information will be kept confidential.

The number of people living in your household _____. Their first names, ages, and relationships to you:
_____

Income: (*Total for all members of the household*) **Assets:**

Amount (Monthly/Yearly)	**Type of Income**	**Current Value**	**Description**
	Wages		Checking
	Social Security and SSI		Savings
	Pensions		CDs
	Disability		Money Market
	Alimony		Annuities
	Child Support		Stocks
	Welfare and Public Assistance		Bonds
	Interest		Life Insurance Cash Value
	Dividends		IRA/401(K)
	Capital Gains		Other Assets
	Other Income		
	Total		**Total**

We must have the following documentation to process your application (copies, not originals):
☐ Pay stubs (last 2 months)
☐ 4 most recent bank statements for each account
☐ Proof of income that is not directly deposited (example: copy of social security check)
☐ Last year's income tax return (if required to file)
☐ W2 and 1099 forms

With my signature I agree that this information is true and correct and that I am responsible for any unpaid balance. If any of this information should prove to be knowingly misrepresented I will repay any fees reduced by this agreement. I understand that my continuing eligibility for reduced fees will be reviewed each year.

Signature: _____ Date: _____

ELIGIBILITY DECISION
___ You are eligible to receive individual services at _____% of the full fee cost (minimum charge $_____).
___ You are eligible to receive group therapy services at _____% of the full fee cost (minimum charge $_____).
___ You are eligible for hearing aids at _____% of the full fee cost.
___ Your income exceeds our guidelines.

7784 Innovation Park Drive, Baton Rouge, LA 70820
Phone: 225-343-4232 Fax: 225-343-4233 www.emergela.org
Dr. Natalee Menge, Director of Operations and Administration NMenge@emergela.org