



Bloom Application 2023-2024

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: _____

Please complete the application to the best of your ability. If your child is not currently receiving services at the Emerge Center, please have a daycare worker or therapist complete the Professional Recommendation Form. The Professional Recommendation Form can be found at emergela.org/bloom/



Screening Survey

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

Does your child nap most days? Yes No
If your child naps most days, what time do they nap? _____

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 communicate?
 Communicates in sentences
 Communicates with words and phrases
 Communicates using signs, pictures, or AAC device
 No method of communication
 other: _____.

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
 Carried by an adult or pushed in a stroller
 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: _____.

Has your child exhibit any of the following behaviors in the past 2 weeks?

- ____ Aggression towards others (hitting, kicking, biting, scratching).
- ____ Elopement (running away from you)
- ____ Self-injurious behavior (hitting, kicking, biting, scratching self).
- ____ Destructive behaviors (breaking or damaging objects)
- ____ Pica (eating non-food items)

If you answered yes, please describe:

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: _____

Has your child ever participated in a group learning setting? __yes __no. If yes, describe:

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 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 therapy services
____ other: _____

Occupational Therapy

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 therapy services
____ other: _____

Applied Behavior Analysis (ABA)

Has the child ever received ABA 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 ABA services
____ other: _____

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

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 **Application for Financial Assistance** form which can be found at emergela.org/bloom/ and return to Jane Morton with all required supporting documents.

How to submit the application:

Please submit this application and all required documents to Dr. Jane Morton by February 10, 2023. Application and documents must be dropped off at The Emerge Center, mailed, or faxed to the location below.

The Emerge Center
Attn: Dr. Jane Morton
7784 Innovation Park Dr.
Baton Rouge, La 70810
Fax #: 225-343-4233

If you should have any questions, please contact Dr. Jane Morton at 225-663-6932 or jmorton@emergela.org.

****Reminder: if your child is not currently enrolled at the Emerge Center for services, please have a daycare worker or therapist complete the Professional Recommendation Form found at emergela.org/bloom/**