

Early Support Program APPLICATION FOR SERVICES

Thank you for your interest in Society for Autism Support and Services (SASS).

Society for Autism Support and Services' Early Support Program (ESP) provides individualized, intensive programming funded by Alberta Education and Family Supports for Children with Disabilities, including Early Childhood Services (ECS), Specialized Services, and Behavioural/Developmental Supports. We provide a developmentally appropriate, activity based, and family focused program to support children who have diagnosis of Autism Spectrum Disorder and their family.

Please indicate which program you are interested in and complete the corresponding sections of the application.

SPROUTS ACADEMY – specialized ECS Program (Preschool or Kindergarten)

Please complete the following sections of the application form:

A **B** **C**

Specialized Services and Early Childhood Services (ECS)

Please complete the following sections of the application form:

A **B** **C** **D**

Behavioural/Developmental Supports and Early Childhood Services (ECS)

Please complete the following sections of the application form:

A **B** **C** **D**

Specialized Services Program

Please complete the following sections of the application form:

A **B** **D**

Behavioural/Developmental Supports Program

Please complete the following sections of the application form:

A **B** **D**

Learning Engagement and Play (LEAP – Toddler Program)

Scholarships for the Toddler Program may be available to children who do not currently have BDS Funding through FSCD

Note - Fee based placements are offered, please inquire

Please complete the following sections of the application form:

A **B**

Before we can process your application, please send us the following documentation:

Photo of your child

Letter of Diagnosis

Letter from FSCD outlining hours your child has been approved for services (if applicable)

Most recent Assessment Reports

Most recent Individual Program Plan or Individual Service Plan (if currently in a program)

Copy of your child's Birth Certificate

We will contact you once we have received all the required documentation, listed above.

Section A. GENERAL INFORMATION

CHILD'S NAME (*as it appears on birth certificate*):

CHILD'S DATE OF BIRTH (*year/month/day*):

ALBERTA HEALTH CARE NUMBER:

PARENT NAME (first, last):

ADDRESS:

(street address, city, postal code)

HOME PHONE: MOBILE PHONE:

WORK PHONE:

EMAIL:

PARENT NAME (first, last):

ADDRESS: (*if different than above*):

(street address, city, postal code)

HOME PHONE:

MOBILE PHONE:

WORK PHONE:

EMAIL:

Languages Spoken within the Family Home:

Any other siblings (and their date of birth), family members or caregivers living in the home:

Please describe your family's long-term goals for your child:

Section B. DEVELOPMENTAL PROFILE/ MEDICAL INFORMATION

Diagnosis:

Date of Diagnosis:

Diagnosing Professional:

Interests: Please list your child's interests:

Communication: Please describe how your child communicates with you and other people in his/her life (e.g., other children, extended family, etc).

Behaviour: Please list any behavioural/ safety concerns and how they are currently managed.

Self Help Skills: Please comment on your child's skills in the following areas:

- **Mealtime Skills:**

- **Dressing:**

- **Sleep Habits:**

- **Toileting:**

MEDICAL INFORMATION:

Family Physician:

Pediatrician:

Has your child's hearing been tested? YES NO If YES, date:

ALLERGIES:

Please list any other pertinent medical information (seizure disorder, childhood illnesses, etc.):

PROGRAMS AVAILABLE

Section C - PRESCHOOL/ KINDERGARTEN (PUF) PROGRAM

Our preschool/ kindergarten program is called Sprouts Academy, a specialized classroom environment for children who are 2 years 8 months to 6 years of age. We apply for funding through Alberta Education. We run Monday through Friday, September to June.

Are you interested in having your child attend our preschool/kindergarten? YES NO

Will you require support with transportation? YES NO

If YES, please let us know pick up and drop off locations (if different from your home address):

- Pick up location:
- Drop off location:

***please note we cannot guarantee transportation but we do our best to try to accommodate your request*

Section D – FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES (FSCD) PROGRAM SPECIALIZED SERVICES or BEHAVIOURAL DEVELOPMENTAL SUPPORTS (BDS)

Society for Autism Support and Services' FSCD (Family Support for Children with Disabilities) funded Specialized Services and Behavioural Developmental Supports Program runs Monday through Friday. Program hours are approved by FSCD and based on the program model and child's specific needs.

Have you applied for the FSCD Program? YES NO

IF YES, who is your current FSCD Worker?

Do you have Specialized Services or Behavioural Developmental Supports approved? YES NO

Has your child received prior Specialized Services or Behavioural Developmental Supports? YES NO

IF YES, what is the name of Service Provider:

Application completed by:

Parent/Guardian Name