



Program:	
Location:	
Staff:	

APPLICATION FOR SERVICE

Today's Date: _____

LEARNER INFORMATION

Learner Name: _____ Gender: Male Female
First MI Last Nickname

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Birthdate: _____ SSN#: _____ Grade: _____ Eligible for Free/Reduced Lunch? No Free Reduced

School: _____ District: _____ Student ID: _____

Race: Asian/Pacific Islander Black/African American Native American White Other: _____ Ethnicity: Latino/Hispanic Not Latino/Hispanic

Primary Language: English Spanish Other: _____ Home Language: English Spanish Other: _____

Has the student ever been hospitalized? Yes No If yes, please explain: _____

Medical Conditions: _____ Allergies: _____ Current Medications: _____

Special Ed Classification: _____ Does student have a Limited Guardian for Educational Purposes? Yes No

Classroom Assignment: General Ed Inclusion/Blended Special Ed LEAP Special Ed Plan: AIS IEP 504 Plan ESL Other: _____

Special Ed Services: Art Thrpy Assistive Tech Counseling Occupational Thrpy Physical Thrpy School Health Speech/Language Transportation

PARENT/GUARDIAN INFORMATION

<p>Name: _____ Birthdate: _____</p> <p>Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Check here if same as learner's address</p> <p>Address: _____</p> <p>Home #: _____</p> <p>Cell #: _____</p> <p>Occupation/Employer: _____</p> <p>Email: _____</p> <p>Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> White</p> <p><input type="checkbox"/> Other: _____ Ethnicity: <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Not Latino/Hispanic</p> <p>Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____</p> <p>Education Level: <input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED</p> <p><input type="checkbox"/> Some College <input type="checkbox"/> College</p>	<p>Name: _____ Birthdate: _____</p> <p>Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____</p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Check here if same as learner's address</p> <p>Address: _____</p> <p>Home #: _____</p> <p>Cell #: _____</p> <p>Occupation/Employer: _____</p> <p>Email: _____</p> <p>Race: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> White</p> <p><input type="checkbox"/> Other: _____ Ethnicity: <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Not Latino/Hispanic</p> <p>Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____</p> <p>Education Level: <input type="checkbox"/> Some High School <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED</p> <p><input type="checkbox"/> Some College <input type="checkbox"/> College</p>
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EMERGENCY CONTACT INFORMATION – An emergency contact is someone other than the learner's parent/guardian.

Name: _____ Relationship: _____ Address: _____ Telephone: _____

STUDENT RELEASE INFORMATION – In the interest of protecting our learners, we need to know who other than the parent/guardian is privileged to information about the student's progress, and/or authorized to pick-up the learner from EnCompass.

Name: _____ Relationship: _____ Telephone: _____ Authorized Pick-up Release of Information

Name: _____ Relationship: _____ Telephone: _____ Authorized Pick-up Release of Information

APPLICATION FOR FREE ACADEMIC OUTREACH SERVICES

To be eligible for free services student must reside in Monroe County, be 21 years of age or younger and meet three or more of the risk criteria listed below. **Please note: All documentation must be received by EnCompass prior to the start of services.**

Learner Name: _____ Date: _____
First MI. Last Nickname

Is the student 21 years of age or younger? Yes No Does the student reside in Monroe County? Yes No

Please check ALL areas that apply.

Risk Criteria	Description	FOR OFFICE USE ONLY – To be completed by EnCompass representative.	
		Required Documentation	Verified On/By:
<input type="checkbox"/> Out of home placement	Foster care, residential placement, relative resource placement, etc.	<input type="checkbox"/> County Case No.: _____	
<input type="checkbox"/> Identified as truant	Five or more unexcused absences in a class during a 10-week period	<input type="checkbox"/> Current report card or <input type="checkbox"/> Other school documentation	
<input type="checkbox"/> Multiple school suspensions	Two or more and includes both in/out of school suspensions	<input type="checkbox"/> Other school documentation:	
<input type="checkbox"/> Repeated one or more grades		<input type="checkbox"/> Current report card or <input type="checkbox"/> Other school documentation:	
<input type="checkbox"/> Failing grade in one or more core subjects	Core subjects include: English, Math, Science and Social Studies	<input type="checkbox"/> Current report card	
<input type="checkbox"/> Low standardized test scores	1 or a 2 on State Testing	<input type="checkbox"/> Current report card or <input type="checkbox"/> Other school documentation:	
<input type="checkbox"/> IEP, 504 Plan, English as Second Language	Official designation of learning challenge or barrier	<input type="checkbox"/> Copy of current IEP, 504 Plan or ESL documentation	
<input type="checkbox"/> Enrollment at School Under Review		<input type="checkbox"/> Documentation of enrollment	
<input type="checkbox"/> Referral from School or Human Service Partner Agencies	Referral forms submitted by service partners, (e.g., RCSD, Monroe County, Hillside, Urban League)	<input type="checkbox"/> Completed Referral Form with: County Case No.: _____ and Referring Agency: _____	
<input type="checkbox"/> Low socio-economic status	185% of poverty guidelines	<input type="checkbox"/> All Applicants: IRS Form 1040 or 1040EZ and paycheck stubs for the most recent two (2) payroll periods. <input type="checkbox"/> Self-Employed Applicants: Form 1040 and IRS Schedule C. <input type="checkbox"/> Applicants Receiving Government Benefits: Letter or Benefits Identification Card from Monroe County Department of Social Services, Social Security Administration (SSD, SSI) or NYS Department of Labor. <input type="checkbox"/> Applicants Receiving Unemployment or Benefits: Letter confirming benefits must be presented in addition to IRS Form 1040.	
<input type="checkbox"/> Medical Diagnosis Placing Youth at Risk	Conditions that inhibit youth success in academic and social environments	<input type="checkbox"/> Medical documentation or referral: <input type="checkbox"/> Evidence of risk factor cited:	
<input type="checkbox"/> Family Risk Factors Placing Youth at Risk	Factors include single parent home, siblings in care and homelessness	<input type="checkbox"/> Evidence of risk factor cited: <input type="checkbox"/> Risk factor defined:	

I certify that the information I have provided in order to determine my eligibility for free services is accurate and complete to the best of my knowledge and my continued eligibility will be reviewed annually. I understand that, if it is determined that I have misrepresented or failed to provide any information that could change my eligibility for free services, I will be required to pay for EnCompass services at the full rate.

Signature of Parent/Guardian

Date