



Families for
Effective
Autism
Treatment

OFFICE USE ONLY

App Date:

Contacted:

Registered:

ELP Respite Option - New Family Application 2014

Thank you for your interest in FEAT of WA's respite program, please note submission of this application does not register your child or guarantee a spot. You do not have to be enrolled in ELP to attend respite.

Please submit complete application to the respite program manager via:

Email to Katie.mcandrew@featwa.org or fax to: +1 425 502 9310 Att: Respite/Katie McAndrew.

Once your application has been received you will be contacted shortly by the program manager who will then provide you with information on availability and how to register online. This application is a one-time form which does not need to be submitted each time you register your child for future sessions, thanks.

Name of Applicant: _____ **Date of Birth:** _____

Address: _____ **Unit:** _____

City: _____ **Zip:** _____ **Home Phone:** _____

School: _____ **Grade in Sept 2014:** _____ **Gender:** Male / Female

PRIMARY Parent/Guardian Name: _____ **Relation:** _____

Address (if different from applicant): _____ **Unit:** _____

City: _____ **Zip:** _____ **Parent Email:** _____

Cell Phone: _____ **Work Phone:** _____

SECONDARY Parent/Guardian Name: _____ **Relation:** _____

Address (if different from applicant): _____ **Unit:** _____

City: _____ **Zip:** _____ **Parent Email:** _____

Cell Phone: _____ **Work Phone:** _____

Emergency Contact Information (other than Parent/Guardian)

Name: _____ **Relation:** _____

Day/Work/Cell Phone: _____

Name: _____ **Relation:** _____

Day/Work/Cell Phone: _____

ELP – Respite Option Applicant Medical Information

Please list your child's current Autism diagnosis:

Does your child have any health or medical concerns that may impact their participation? (eg. Seizures, diabetes)

Does your child have any allergies or special dietary needs?

Does your child carry an EpiPen?

Has your child had an illness or accident/s requiring hospitalization?

Does your child have any medical conditions that would preclude participating in physically strenuous activity?

ELP – Respite Option Drop Off/ Pick-up Consent

The following authorized person/people have permission to drop off/pick up my child: _____

If a person not listed below arrives to pick up your child, your child will not be released unless we receive a phone call from you in advance. All students attending will need to be signed in and signed out before and after each session. ID will be required at time of pick up.

Authorized Pick up Contact List

Name: _____ Relation: _____

Daytime phone: _____

Name: _____ Relation: _____

Daytime phone: _____

Please note any special pick or drop off instructions:

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

ELP – Respite Option Liability Waiver

Waiver of participation and release of liability

As a condition of participation in the above program, I the undersigned waive any and all claims against Families for Effective Autism Treatment (FEAT) of Washington, its staff, volunteers, board, affiliates and/or agents for injury or damage to property or persons that may be sustained as a direct or indirect result of my child's participation in activities. I also agree to hold Families for Effective Autism Treatment (FEAT) of Washington, its affiliates and/or agents harmless and indemnify them for any liability for damage or loss of property, injury, disability or death to persons that may occur and all expenses as a direct or indirect result of such participation. I agree that the applicant is physically fit and has no injuries or illness, which would affect his/her participation in the activities of the said program.

Medical Release

I the undersigned give permission for Families for Effective Autism Treatment (FEAT) of Washington, employees, and/or agents in the event of a medical emergency to call 911 to seek medical treatment for my child in the event they are unable to reach any parent/guardian/emergency contact listed on enrollment form. I the undersigned also give permission to Families for Effective Autism Treatment (FEAT) of Washington to send my child to hospital, and for the medical personnel to provide treatment that a responder/physician deems necessary for the well-being of my child. I the undersigned agree that I will be responsible for any financial debt incurred by said action(s).

Dismissal Authorization

I the undersigned understand that only the Parent/Guardian or authorized emergency contact may sign the child out at completion of program. No child will be permitted to leave the program with persons other than those listed on enrollment form. ID may be required.

Authorization for photo/ media release

I the undersigned understand that a picture(s) may be taken of my child for marketing and promotional purposes. I hereby assign and authorize Families for Effective Autism Treatment (FEAT) of Washington the right (all rights) in and to such pictures, without limitation, the right to reproduce, copy, exhibit, publish (broadcast) or distribute any such picture. This includes Hardcopy and/or electronically.

I DO _____ / DO NOT _____ give my permission to Families for Effective Autism Treatment (FEAT) of Washington to use my child's photo in marketing and or promotional materials.

By signing below, I am acknowledging that I have read, understand and agree to the terms stated in the Liability Waiver, Medical Release, Dismissal Authorization and Photo Release outlined above.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Applicants Name: _____ Enrollment Date: _____

ELP – Respite Option Enrollment Questionnaire

Please complete this questionnaire help us get to know your child so that we may better understand your child's needs, in term helping us provide the appropriate resources and supervision. If you need additional room, please attach a separate piece of paper at the end of application. Please answer all questions. Thank you.

1. What do you consider to be your child's strongest aptitudes and traits of character?

2. Please share with us some of your child's communication strengths and weaknesses (e.g. self-advocacy, conversational, social communication, following direction, listening skills)

3. Please share with us some of your child's social strengths and weaknesses (e.g. empathy, perspective taking, recognizing feelings in self and others, initiate interactions, turn taking, group activities)

4. Where does your child receive most of their instruction when they are in school? (Choose one)

- General education classrooms
- Special education self-contained classrooms
- Special education resource classrooms
- Other (please specify) _____

5. Does your child receive specialized support to help them with any behaviors of concern they may have?

Yes No If Yes, please include specific concerns: _____

6. What are your child's favorite outdoor and indoor activities?

7. What are some of your child's preferred activities, interests, items?

12. What activities does your child like to participate in when they are alone or during "down time"?

13. List some group activities in which your child has participated in:

14. Please list your child's triggers, likes and dislikes:

15. Does your child exhibit any safety concerns towards self /others or structures:

14. Please list any additional information so that we may better meet your child's specific needs:

FEAT of Washington Demographic Questions

These are optional questions for reporting purposes and will in no way impact the enrollment decision with FEAT of WA. FEAT of WA is committed to maintaining a work environment in which relationships are characterized by dignity, courtesy and respect. It is the express policy of the organization to provide all clients, employees and volunteers with a work environment free from all forms of unlawful and unwelcome harassment and discrimination. FEAT of WA will not condone any harassment or discrimination on the basis of race, color, national origin, religion, age, creed, gender, sexual orientation (heterosexuality, homosexuality, bisexuality and gender expression of identity), marital status, veteran status, the presence of any physical or mental disability, or any other protected classification under applicable laws.

Please circle appropriate answer:

Q. How many children under the age of 18 are in your household?

- 1
- 2
- 3
- 4
- More than 4

Q. Please specify your ethnic origin (or race) for the child applying for enrollment in the Rising Star Academy program.

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Two or more Ethnicities
- Other

Q. Please specify the ethnic origin (or race) for legal guardian #1:

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Two or more Ethnicities
- Other

Q. Please specify the ethnic origin (or race) for legal guardian #2:

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Two or more Ethnicities
- Other

Q. Education: What is the highest degree or level of school achieved in the household? *If currently enrolled, highest schooling received.*

- No schooling completed
- Nursery school to 8th grade
- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

Q. Marital Status: What is your marital status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

Q. Please indicate the employment status of legal guardian #1:

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Military
- Retired
- Unable to work

Q. Please indicate the employment status of legal guardian #2:

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Military
- Retired
- Unable to work

Q. What is your current household gross annual income?

- \$10,000 - \$24,999.00
- \$25,000.00 - \$49,999.00
- \$50,000.00 - \$69,999.00
- \$70,000.00 - \$89,999.00
- \$90,000.00 - \$124,999.00
- Higher than \$125,000.00