

# ABC OF NC SCHOOL APPLICATION

Students must meet the diagnostic criteria for autism spectrum disorder or demonstrate characteristics of autism. Documentation from a qualified professional is required with application.

For information regarding early intervention and school financial assistance, see the last page.

### **Client Information:**

| Client name:         | Date of Birth: |
|----------------------|----------------|
| Sex/Gender Identity: | Diagnosis/es:  |

### **Parent/Caregiver Information:**

| Parent/Caregiver Name: | Date of Birth:      |
|------------------------|---------------------|
| Gender Identity:       | Preferred Language: |
| Street Address:        |                     |
| County:                | Phone number(s):    |
| Email Address:         |                     |

### Getting to know your child:

In the past three months, how frequently has your child:

| Communication   | Comments:                                  |
|---|--|
| Babbled   |  |
| Cried to communicate wants/needs                              |  |
| Pulled others to communicate wants/needs                      |  |
| Looked to others to communicate wants/needs                   |  |
| Pointed to communicate wants/needs                            |  |
| Used sign language  |  |
| Used an augmented communication device                        |  |
| Made 1-word requests  |  |
| Made 2-3-word requests redberg Church Road • Winston-Salem, N | C 27127 • (336) 251-1180 • www.abcofnc.org |

| Made requests in sentences                    |           |
|---|-----------|
| Asked questions                               |           |
| Answered questions                            |           |
| Conversational with adults                    |           |
| Conversational with peers                     |           |
| Echolalia (i.e, repeating words or phrases    |           |
| previously heard)                             |           |
| Speech difficulties (i.e. hard to understand) |           |
| Talked, but doesn't anymore                   |           |
| Followed simple instructions                  |           |
| Followed complex instructions                 |           |
| Physical                                      | Comments: |
| Lethargic/low energy                          |           |
| Hyper/overly energetic                        |           |
| Excessively noisy                             |           |
| Fleeting attention span                       |           |
| Required constant attention                   |           |
| Adaptive                                      | Comments: |
| Had self-limited diet (due to food refusal)   |           |
| Fed self-finger foods                         |           |
| Fed self with utensils                        |           |
| Toilet trained on a schedule                  |           |
| Initiated toileting                           |           |
| Difficultly accepting "No"                    |           |
| Difficulty waiting                            |           |
| Behaviors of Concern                          | Comments: |
| Cried, whined or pouted frequently            |           |
| Irritable                                     |           |
| Frequently dysregulated/meltdowns             |           |
| Engaged in self-injurious behavior (e.g. head |           |
| banging, hand biting, etc.)                   |           |
| Engaged in aggressive behavior (e.g. hits,    |           |
| pinches, bites others, etc.)                  |           |
| Engaged in destructive behaviors (e.g.        |           |
| hits/throws objects, tips furniture, etc.)    |           |
| Engaged in elopement (e.g. run/dash away from |           |
| caregivers in the community, wandered off)    |           |

Is there any other information you could provide that would help prepare ABC of NC staff for serving this client/family?

Parent/Guardian Signature

Date

# ABC OF NC SCHOOL FINANCIAL ASSISTANCE

<u>Early Intervention Program</u>: Eligible children include those diagnosed with ASD or identified (by a qualified professional) "at risk" for developing ASD who are in the age range of 12 months to five years at the time of initial admission. Returning students must be no older than 78 months (i.e. 6.5 years) at the start of the state fiscal year. This program is funded through the state of North Carolina and does not have limitations based upon family income. If your child meets criteria for this program, they will automatically be added to the Early Intervention Program wait list.

<u>ABC of NC Financial Aid:</u> Eligible children include those diagnosed with ASD or identified (by a qualified professional) "at risk" for developing ASD who are in the age range of 12 months to 20 years at the time of initial admission. To qualify for financial aid through ABC of NC, each family's annual gross income must not exceed \$150,000.

ABC of NC's financial aid program works in collaboration with the NC Education Assistance Authority's (NCSEAA) K-12 Grants Program to aid as many families as possible. Families who wish to be considered for ABC of NC's financial aid program will be required to also submit scholarship applications to NCSEAA during their annual application window (typically opens on February 1 of each year). Please note: ABC of NC financial aid awards are not contingent upon receiving an NCSEAA scholarship, but families are required to apply for the NCSEAA scholarships.

To ensure your child will be considered for financial aid, you must provide the following information with the school application (incomplete applications and/or income verification will not be considered):

- A copy of your most recent federal tax return (form 1040), submitted within the last 18 months, for every member of your household who filed, including children, showing income and expenses reported to the Internal Revenue Service.
- If you are exempt from filing, based on IRS requirements, you must attach document(s) showing all annual income for the last 12 months [e.g. social security statement(s), unemployment wage summary(ies), etc.] for every member of your household. If your employment situation has changed since the completion of your most recent tax return, you must provide formal documentation from an employer, former employer, the social security administration, or other official representative.
- Income verification documentation must have been on file for no more than one year. ABC of NC will notify applicants when their income verification documentation is close to expiration so they can submit updated information.
- If your family's financial situation changes at any point during the year, you may submit updated income verification documents.
- Questions? Please contact <u>dasheka.gray@abcofnc.org</u>

## Submit required financial documentation to: <a href="mailto:dasheka.gray@abcofnc.org">dasheka.gray@abcofnc.org</a>