

# CARE Clubs Application

This application is the second step in the intake and enrollment process for CARE Clubs at Heartspring. We use this information to decide how to best serve your child. Upon receipt and review of the form, we will follow up with you to discuss your family's needs in more detail and review the next steps.

## 1. Child's Name

## 2. Child's Birth Date

## 3. Parent's/Guardian's Name

## 4. Enrollment Status

We have **never** been enrolled in a program at Heartspring.

We are **currently** enrolled in a program at Heartspring (please explain):

We were **previously** enrolled in program at Heartspring (please explain):

## 5. Which format of CARE Clubs are you interested in attending?

In-Person  
Virtual  
Both

## 6. Identify three top priorities for skills that you would like to see addressed in CARE Clubs. Please choose targets that you feel will have the most impact for your child and your family.

- 1.
- 2.
- 3.

## 7. Challenging Behaviors (Please check if there is occurrence in the last six months)

Self-injury  
Aggression towards peers  
Aggression towards adults  
Elopement (leaving area without permission/wandering off)  
Property destruction  
Tantrum (screaming/flopping to floor - length of time or intensity beyond what is "typical" for child's age)  
Foul language  
Loud vocal stereotopy  
No problem behavior of this kind

## 8. Classroom Placement

In district self-contained  
In district inclusion  
In district other  
In district general education  
Out of district specialized program  
Homeschool  
Other

## 9. Communication

No formal mode of communication  
Alternative communication (sign, PECS, communication device)  
Single words  
Phrases  
Sentences

## 10. Independence

Requires consistent 1:1 support  
May require 1:1 support dependent upon activity  
Does not require 1:1 in small group

**11. Describe your child's interest in other kids/ forming friendships.**

- I am unsure
- Very resistant
- Seems disinterested
- Interested
- Very interested

**16. Any additional questions or comments for our team?**

**12. Medications needed during CARE Clubs**

- Yes
- No
- If yes, is he or she able to self-administer?

**13. My child's interests include:**

**14. My child does NOT enjoy:**

**15. How did you hear about Heartspring's CARE Program?**

- Personal referral from currently or previously enrolled family
- School personnel
- Medical provider
- Social media
- Resource fair
- Google search
- Other

**Please keep in mind that communications via email over the internet are not secure.**

**Contact Heartspring Medical Records at 316-634-8769 to have an encrypted email sent, or the form can be faxed to: 316-634-8891**

**Or mailed to:**

Heartspring  
8700 E 29th St. N.  
Wichita, KS 67226