



Blueprints Application for Admission Directions

Below are step-by-step instructions to guide you through the Blueprints' application process. Please follow each step carefully to ensure you have included all relevant information and materials so that your application will be processed as efficiently as possible.

1. Please complete all sections of the Blueprints Application for Admission.

- a. Client Application Information
- b. Caregiver Information
- c. Children Information
- d. Description of Hardships
- e. Description of Outcomes
- f. Additional Information

2. Complete the Client Current School Placement Information.

- a. Provide information about your children's school(s).
- b. Include copies of relevant documentation from their current school placement.
 - Psychoeducational assessment reports
 - Individualized Education Plans
 - Behavior Intervention Plans
 - Etc...

3. Complete the Client Current & Previous Provider Information.

- a. List the names of any current service providers.
- b. List the names of any previous service providers beginning with the most recent.

c. Include copies of relevant documentation from current and/or previous providers.

- Psychoeducational assessment reports
- Evaluations
- Treatment plans
- Behavior Intervention Plans
- Financial Documents*
- Individualized Support Plan (ISP)**
- Etc...

*If you are applying under the **CIIBS Waiver**, financial documents such as proof of annual income are NOT required.

**If your child has an Individualized Support Plan (ISP) from the Division of Developmental Disabilities it is important to include it.

4. Separate all documentation

Use the Blueprints Divider Pages found at the end of this document. For example, if you listed “Star Therapies” as provider 1 on the Previous Provider Information Form and you are including an initial evaluation report as well as various behavior support plans, place this information behind the divider that says “Previous Provider 1.”

****Note**** If you do not have any documentation to provide from a listed provider, then do not use the corresponding dividers.

5. Write a check for \$500.00 to West Coast Behavioral Consultants, Inc.*

*If you are applying under the **CIIBS Waiver**, skip step #5.

6. Place all materials listed in numbers 2 to 5 above, in a folder and mail to:

Blueprints
Attn: Admission
24 Roy St. #434
Seattle, WA 98109-4018

We suggest requiring a signature upon delivery of your package to Blueprints.

****Note**** If your application is under 20 pages you can fax it to our office at (206) 577-1101 (see page 24 of this application for a fax cover sheet)

Once an application and a payment are received, Blueprints will review the application and determine if our services are a good match for your family’s needs. If so, we will contact you to schedule an initial interview. **In the event we determine your family’s needs would be better served by a different set of services, references for other agencies will be provided and the \$500.00 will NOT be deposited.**

For office use
Application with fees received on:
Check #:
Placed on the waiting list on:
Intake interview scheduled for:

Blueprints Application for Admission

CLIENT APPLICANT INFORMATION

Family's Last Name _____

Primary Address

Names of all individuals living in the above household:

First Name	Middle Name	Last Name*	Relationship in Family
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* If all individuals living in the household have the same last name then you can leave this section blank.

Family Language _____

How did you hear about Blueprints?

Do you plan to seek funding from Premera Blue Cross, the Division of Developmental Disabilities, or another health insurance company and/or funding agency? If so, please list the name of the agency below:

Note: Health Insurance information is NOT required if you are applying under the CIIBS Waiver.

If you are applying under the CIIBS Waiver, please list the name and contact information of your DDD/CIIBS Case Manager:

CAREGIVER INFORMATION

Primary Caregiver 1 Name _____ Age _____

Place of Business _____

Address _____

Job Title _____

Nature of Work _____

Annual Income \$ _____ *(Please attach proof of your annual income)*

Educational Background _____

Interests, Hobbies _____

Contact Information: *(please provide the following information AND circle the best means of contacting you)*

Home Telephone # _____ Work Telephone # _____

Mobile Telephone # _____ E-mail address _____

Primary Caregiver 2 Name _____ Age _____

Place of Business _____

Address _____

Job Title: _____

Nature of Work _____

Annual Income \$ _____ *(Please attach proof of your annual income)*

Educational Background _____

Interests, Hobbies _____

Contact Information: *(please provide the following information AND circle the best means of contacting you)*

Home Telephone # _____ Work Telephone # _____

Mobile Telephone # _____ E-mail address _____

Parent(s) marital status _____

Custodial/visitation arrangements, if any _____

Caregiver 3 Name _____ Age _____

Place of Business _____

Address _____

Job Title _____

Nature of Work _____

Educational Background _____

Interests, Hobbies _____

Contact Information: *(please provide the following information AND circle the best means of contacting you)*

Home Telephone # _____ Work Telephone # _____

Mobile Telephone # _____ E-mail address _____

Caregiver 4 Name _____ Age _____

Place of Business _____

Address _____

Job Title _____

Nature of Work _____

Educational Background _____

Interests, Hobbies _____

Contact Information: *(please provide the following information AND circle the best means of contacting you)*

Home Telephone # _____ Work Telephone # _____

Mobile Telephone # _____ E-mail address _____

CHILDREN INFORMATION

Child 1 First Name _____ Middle _____ Last Name _____ Gender _____

DOB ____/____/____ Age _____ Ethnicity _____ Child Language _____

School Attending _____ District _____ Grade _____ Years Attended _____ Special Placement/Support _____

Diagnoses _____

Current Medications & Doses _____

Interests, Hobbies, Extracurricular Activities _____

Description of how child interacts with other family members _____

Child 2 First Name _____ Middle _____ Last Name _____ Gender _____

DOB ____/____/____ Age _____ Ethnicity _____ Child Language _____

School Attending _____ District _____ Grade _____ Years Attended _____ Special Placement/Support _____

Diagnoses _____

Current Medications & Doses _____

Interests, Hobbies, Extracurricular Activities _____

Description of how child interacts with other family members _____

Child 3 First Name _____ Middle _____ Last Name _____ Gender _____

DOB ____/____/____ Age _____ Ethnicity _____ Child Language _____

School Attending _____ District _____ Grade _____ Years Attended _____ Special Placement/Support _____

Diagnoses _____

Current Medications & Doses _____

Interests, Hobbies, Extracurricular Activities _____

Description of how child interacts with other family members _____

Child 4 First Name _____ Middle _____ Last Name _____ Gender _____

DOB ____/____/____ Age _____ Ethnicity _____ Child Language _____

School Attending _____ District _____ Grade _____ Years Attended _____ Special Placement/Support _____

Diagnoses _____

Current Medications & Doses _____

Interests, Hobbies, Extracurricular Activities _____

Description of how child interacts with other family members _____

Client Current School Placement Information

Please list the schools that your children currently attend.

SCHOOL 1 INFORMATION

District _____

District Contact _____ Contact Title _____

Main Telephone # _____ Ext. _____

Fax # _____ E-mail address _____

School _____

School Contact _____ Contact Title _____

Main Telephone # _____ Ext. _____

Fax # _____ E-mail address _____

Staff

Does your child receive one-on-one instruction from a paraeducator? Yes No

Comments: _____

If yes, how often does the paraeducator work with your child? Part-Time Full-Time

Comments: _____

Does the paraeducator work for the District or for an outside agency (e.g., BMAC)? District Agency

Comments: _____

Is the paraeducator trained in the principles of applied behavior analysis? Yes No

Comments: _____

Description of Your Satisfaction and/or Dissatisfaction with this School Placement

List the materials that you are including from this school:

1. _____
2. _____
3. _____
4. _____
5. _____

SCHOOL 2 INFORMATION

District _____

District Contact _____ Contact Title _____

Main Telephone # _____ Ext. _____

Fax # _____ E-mail address _____

School _____

School Contact _____ Contact Title _____

Main Telephone # _____ Ext. _____

Fax # _____ E-mail address _____

Staff

Does your child receive one-on-one instruction from a paraeducator? Yes No

Comments: _____

If yes, how often does the paraeducator work with your child? Part-Time Full-Time

Comments: _____

Does the paraeducator work for the District or for an outside agency (e.g., BMAC)? District Agency

Comments: _____

Is the paraeducator trained in the principles of applied behavior analysis? Yes No

Comments: _____

Description of Your Satisfaction and/or Dissatisfaction with this School Placement

List the materials that you are including from this school:

1. _____
2. _____
3. _____
4. _____
5. _____

SCHOOL 3 INFORMATION

District _____

District Contact _____ Contact Title _____

Main Telephone # _____ Ext. _____

Fax # _____ E-mail address _____

School _____

School Contact _____ Contact Title _____

Main Telephone # _____ Ext. _____

Fax # _____ E-mail address _____

Staff

Does your child receive one-on-one instruction from a paraeducator? Yes No

Comments: _____

If yes, how often does the paraeducator work with your child? Part-Time Full-Time

Comments: _____

Does the paraeducator work for the District or for an outside agency (e.g., BMAC)? District Agency

Comments: _____

Is the paraeducator trained in the principles of applied behavior analysis? Yes No

Comments: _____

Description of Your Satisfaction and/or Dissatisfaction with this School Placement

List the materials that you are including from this school:

1. _____
2. _____
3. _____
4. _____
5. _____

For office use
Application received on:
Placed on the waiting list on:
Intake interview scheduled for:

CLIENT APPLICANT INFORMATION

Family's Last Name _____

Please list your family's current and previous providers beginning with the most recent.

PROVIDER 1 INFORMATION

Provider's Name _____ Current Previous

Name of Agency _____

Provided services from _____ to _____ Can we contact this provider? Yes No

Address

Telephone Number

Nature of Work

Frequency of Contact with Your Family

Description of Your Satisfaction and/or Dissatisfaction with the Provider

List the materials that you are including from this provider:

1. _____
2. _____
3. _____
4. _____
5. _____

PROVIDER 2 INFORMATION

Provider's Name _____ Current Previous

Name of Agency _____

Provided services from _____ to _____ Can we contact this provider? Yes No

Address

Telephone Number

Nature of Work

Frequency of Contact with Your Family

Description of Your Satisfaction and/or Dissatisfaction with the Provider

List the materials that you are including from this provider:

1. _____

2. _____

3. _____

4. _____

5. _____

PROVIDER 3 INFORMATION

Provider's Name _____ Current Previous

Name of Agency _____

Provided services from _____ to _____ Can we contact this provider? Yes No

Address

Telephone Number

Nature of Work

Frequency of Contact with Your Family

Description of Your Satisfaction and/or Dissatisfaction with the Provider

List the materials that you are including from this provider:

1. _____

2. _____

3. _____

4. _____

5. _____

PROVIDER 4 INFORMATION

Provider's Name _____ Current Previous

Name of Agency _____

Provided services from _____ to _____ Can we contact this provider? Yes No

Address

Telephone Number

Nature of Work

Frequency of Contact with Your Family

Description of Your Satisfaction and/or Dissatisfaction with the Provider

List the materials that you are including from this provider:

1. _____

2. _____

3. _____

4. _____

5. _____

Please return to:

Blueprints

Attn: Admission

24 Roy St. #434

Seattle WA, 98109-4018

School 1 Documents

School 2 Documents

School 3 Documents

Provider 1 Documents

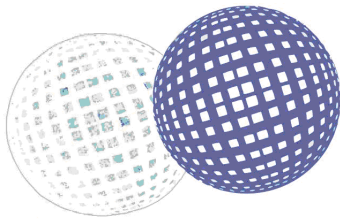
Provider 2 Documents

Provider 3 Documents

Provider 4 Documents

Financial Documents

If you are applying under the **CIIBS Waiver**, financial documents are NOT required.



blueprints
a better context for a better life

Date:
Send To: Blueprints
Attention: Admission
Office Location: 24 Roy St. #434 Seattle, WA 98109
Fax Number: 206.577.1101
From:
Office/Home Location:
Phone Number:
Total Pages Including Cover:

Fax

Urgent	<input type="checkbox"/>	Reply ASAP	<input type="checkbox"/>	Please Comment	<input type="checkbox"/>	Please Review	<input type="checkbox"/>	<input checked="" type="checkbox"/> For Your Information	<input type="checkbox"/>
Comments:									