

ECBG Child Enrollment and Discharge form

Enrollment & Discharge

Child Enrollment and Referral Information

Which child was involved? _____

Enrollment Date: _____

Enrollment Notes:

Referral Source: Child Welfare Services Family or Friend Self
 Other: _____

Date site received referral: _____

Program Information

Program Type & Program Name (for Child receiving services):
 Please refer to the most recent version of the Common Measures Table for the Program Type applicable to this child. Contact Christie Wyckoff (cnwyckoff@ksde.org) with questions.

Program Type:

- Child Care

- Child Care (Respite)
Program Name:
 - Family Mentoring & Support (CAPS only)

- Child Care (Tuition Assistance)
Program Name:
 - Child Care Financial Aid – Positive Bright Start (SB6 only)
 - Child Care Tuition Assistance
 - Early Learning Scholarships – YMCA of Greater Wichita (United Way of the Plains only)
 - Family Support (The Family Conservancy – Start Young only)

Program options continued on next page

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Program Type:

- Mental & Behavioral Services for Children

Program Name:

- Child and Family Therapy – Positive Bright Start (SB6 only)
- Early Childhood Mental Health Intervention (Rainbows United only)
- Mental & Behavioral Health Services
- Play Therapy (The Family Conservancy – Start Young only)
- SparkWheel – USD 250 Pittsburg (FRC only)

- PreK

- PreK Summer

- PreK (Tuition Assistance)

Program Name:

- Preschool Scholarships (FACT – ITAV only)

- Classroom Infrastructure

- Special Needs Children

Program Name:

- Part C – TARC (United Way of Kaw Valley- CASS only)
- PreK (Emanuel Lutheran) – Reno County Education Center (United Way of Reno County only)

Discharge Information

Discharge Date: _____

- Discharge Reason: Completed Program Child Aged Out Moved out of Service Area
 No Contact Could Not Locate No Longer Interested in Services
 DCF Involvement: Non-Prevention Case Opened Other: _____

Discharge Notes: