

MHA Nation Infant and Toddler Program 404 Frontage Rd.

New Town, ND 58763 Office: (701) 627-2458 / Fax: (701) 627-2365



Enrollment Application

For O	Office Use Only		
Entered Stamp:	Child Plus: ASQ: Brigance: Technician:		
	nformation quired to be filled out)		
First & Last Name:			
Gender: Male or Female	DOB:		
Birth Weight:	Weeks Premature:		
Residing Segment:	Ethnicity: American Indian/Alaska Native Asian Black Hawaiian/Pacific Islander Hispanic White Other		
Enrolled member of a Federally Recognized Tribe? YES or NO	Is Child Adopted? YES or NO		
Tribal Affiliation:	Is child currently in foster care? YES or NO List Case Manager:		
Enrollment Number:			
Referral Source:	Health Insurance:		
Will need proof of Health Ins	urance (if any) & Tribal Enrollment		
Parent/Guard	lian Information		
First & Last Name:			
First & Last Name:			
Mailing Address:			
Physical Address:			
Phone #:	Phone #:		
Best Time to Contact:			
Email:			
Farly	/ Intervention Specialist Pavious Initials:		

Revised November 2020



MHA Nation Infant and Toddler Program 404 Frontage Rd. New Town, ND 58763

Office: (701) 627-2458 / Fax: (701) 627-2365



Birth Record

0 - 12 Months

Weight:	_Length:	Head:
Type of Delivery: Natural	☐C-Section ☐ U	nknown
	AP	GAR
A quick test performed on a baby a tolerated the birthing process. The mother's womb.	t 1 and 5 minutes after bi 5-minute score tells the h	th. The 1-minute score determines how well the baby ealth care provider how well the baby is doing outside the
APGAR Score1 Min.	5 Min.	
Gestational Age: Wee	sks 🔲 Unknown	
Birth Facility:		
Facility Type: Birthing Cer	ter 🗌 Home 🔲 Hos	spital Unknown
City:	State:	Length of Stay:
Medical Problems:		
Describe any complications a	ssociated with this de	elivery: (Pre-term labor, fetal distress, etc.)
Did baby have any problems a	t birth? If yes please	describe.
Describe any defects.		
Did mother have any health pr	oblems during this p	regnancy/delivery? If yes please describe.



MHA Nation Infant and Toddler Program 404 Frontage Rd.

New Town, ND 58763

Office: (701) 627-2458 / Fax: (701) 627-2365

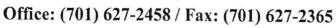


		Family	Informa	ition (Please	Circle any	that a	pply):	
TANF	TANF Medicald EBT/Commodities General Ass					Assistance		
WIC	First Steps Indian Health Service			ces	Other:			
Occupatio					el of Education			
Er	nployed	Unemployed		Grade _	_HS or GED	2YR	4YR_	Grad/Ph
Language:	English	Spanish	ASL	Other:		######################################	***************************************	
		PI	ease che	eck any that a	apply:	PROPERTY AND ADDRESS OF THE PROPERTY OF THE PR	***************************************	
T				•				
Teen F		aaitiya tayia a	/D	\				
baby b	/ith a disabil	ositive toxic so	reen (Dru	igs)				
	c health con							
NATIONAL PROPERTY.	lucational at							
Low In	come (Eligib	ole for WIC, Fo	od Stamp	s, TANF, Fuel	Assistance, G.	A, ETC.)	j	
		or refugee fam						
				rently using ille	gal substances	5)		
Court A	appointed le	gal guardians ble housing	and/or tos	ster parents				
	erated Parer							
		ht (under 3.3 I	bs.)					
Death i	in immediate	e family (a chile	d, parent,	or sibling)				
Domes	tic Violence			0,				
Child a	buse or neg	lect						
Military		alian Dian (IE)	D) = (= -1;	:		OD) 1411		
				ridual Family Se ther Tribal or F				
	tments.	ii / looiotai loo II	om any o	dici Tibai di j	ederai idrided	program	101	
om alvina	concept for	nhatagrapha		lia Release				
to be used i	n any promo	photographs, v ption materials.	ideos and	or like material	s, in which my	son/dau	gnter may	appear –
Initials:	· · · · · · · · · · · · · · · · · · ·					******************************		
		Eychange	ahlo an	d Release o	fInformatio	an Colo	No. of Control	
am giving	permission f	or the Infant &	Toddler P	rogram my son	daughter is en	rolled in	to share a	and or
exchange in	formation w	ith the staff of	the Infant	& Toddler Prog	ram and TAT H	lead Star	t.	
nitials:								
						kansisteniusenieren artekaisestenike enega	***************************************	
arent/Gu	ardian Si	gnature			and the state of t		Date	e
			Early I	ntervention Sp	ecialist Revi	ew Initia	ıls:	
								ember 2020
						1/64	1900 14046	MINDEL TOTAL



MHA Nation Infant and Toddler Program 404 Frontage Rd.

New Town, ND 58763





Revised November 2020

Screening Notice & Consent

With your permission, the Infant & Toddler Program will conduct a developmental screening to determine any concerns or needs with your child's development. A need for further evaluation may be determined as a result.

Would you like to receive a text /email of your child's next screen? YES or NO

The **ASQ** and **Brigance** screening covers:

Gross Motor Skills	Fine Motor Skills
Visual Motor Skills	Receptive Language Skills
Expressive Language Skills	Self – Help Skills
Social & Emotional Skills	Speech & Language Skills

Other forms of screenings (please circle). By request are:

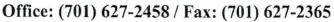
Autism	Behavioral Health
& Toddler Program to scree	en my child.
Date of Bir	th:
	Date
Early Intervention Spec	cialist Review Initials:
	& Toddler Program to scree



Parent/Guardian Signature

MHA Nation Infant and Toddler Program 404 Frontage Rd.

New Town, ND 58763





The information you provide will help us connect you with the appropriate resources for your child if needed.

Please check the appropriate box I your child has been identified or is suspected of having any of the following:

Intellectual Disability Hearing Impairments Vision Impairments Speech/Language Impairments Emotional / Behavior Disorder Specific Learning Disabilities Deaf or Blindness Autism Traumatic Brain Injury Developmental Delay Other Health Impairments Allergies		Identified:	Suspected:	Date:	Evaluated by:
Vision Impairments Speech/Language Impairments Emotional / Behavior Disorder Specific Learning Disabilities Deaf or Blindness Autism Traumatic Brain Injury Developmental Delay Other Health Impairments Allergies	Intellectual Disability				
Speech/Language Impairments Emotional / Behavior Disorder Specific Learning Disabilities Deaf or Blindness Autism Traumatic Brain Injury Developmental Delay Other Health Impairments Allergies	Hearing Impairments				
Impairments Emotional / Behavior Disorder Specific Learning Disabilities Deaf or Blindness Autism Traumatic Brain Injury Developmental Delay Other Health Impairments Allergies	Vision Impairments				
Specific Learning Disabilities Deaf or Blindness Autism Traumatic Brain Injury Developmental Delay Other Health Impairments Allergies					
Deaf or Blindness Autism Traumatic Brain Injury Developmental Delay Other Health Impairments Allergies	Emotional / Behavior Disorder		The state of the s		40.00
Autism Traumatic Brain Injury Developmental Delay Other Health Impairments Allergies	Specific Learning Disabilities				
Traumatic Brain Injury Developmental Delay Other Health Impairments Allergies	Deaf or Blindness				
Developmental Delay Other Health Impairments Allergies	Autism				
Other Health Impairments Allergies	Traumatic Brain Injury				
Allergies	Developmental Delay				Base et al. (Annual Control Co
	Other Health Impairments				
	Allergies				
Please check box if parent/guardian reports no disability at this time.		uardian rep	orts no disab	ility at thi	s time.

Revised November 2020

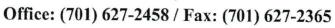
Early Intervention Specialist Review Initials: __

Date



MHA Nation Infant and Toddler Program 404 Frontage Rd.

New Town, ND 58763





Authorization for Release of Information

As the legal parent/guardian of:	who's birthdate is:/_/ I hereby
authorize the Infant & Toddler Program under the	Three Affiliated Tribes to exchange verbal and
written information related to evaluations, progra	mming, health records, and developmental
progress with the following agencies who may be	working with my child.
	•
Anne Carlson Cente	r – Jamestown, ND
BECEP – Bi	
Chatter Pediatric The	
Division of Children's Special H	
Elbowoods Memorial Hea	Ithcare - New Town, ND
KIDS Human Service C	Center – Dickinson, ND
Mayo Clinic – F	
Minot Center for Pe	The second secon
Minot Infant Develo	
Northwest Human Service Unit - In	
Red Door Pediatric Therap	
Rehab Visions -	
Sanford – Bi	
Shriner's Children Ho	
Souris Valley Special St. Alexius – E	
TAT Head Start, WIC, Socia	
Trinity Hospita	
West Central Human Se	· · · · · · · · · · · · · · · · · · ·
West River Special Ser	The first of the second control of the secon
Wilmac Service U	
Other:	Trimotori, TD
I, the legal parent/guardian of the child listed abo	ve_understands that information will be only
used to assist the team(s) in developing and imp	
developmental activities and family support servi	
consent at any time. The authorization to release	
six years of age or moves from the Fort Berthold	
six years or age or moves from the Fort Berthold	indian Reservation.
Parent/Guardian Signature	Date
Early Inter	vention Specialist Review Initials:
= ,	
	Revised November 2020