



Please submit your printed application materials to your local ESD112 office:

Vancouver Office

2500 NE 65th Avenue, Vancouver, WA 98661

Cowlitz Office

1217 14th Avenue, Longview, WA 98632

Complete Application in Ink

Last Name		First Name	Middle Initial
Last Name (other)		Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does Not Identify
Cultural Option <input type="checkbox"/> Hispanic/Latino	Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American		Date of Birth (month/day/year)
		<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Phone Number			
Email Address			
Mailing Address			
Street/PO Box		City, State	Zip Code
Name of School		Grade	Are you currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an IEP, 504 Plan, or Medically Documented Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you applied for or are you receiving DVR services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list two people we can contact in the event of an emergency.

Name:	Name:
Telephone Number:	Telephone Number:
Relationship:	Relationship:

I certify this information to be true to the best of my knowledge. I know this information will be reviewed and verified and I agree to supply documents to support this application. I am aware that if I am found ineligible after enrollment I will not be allowed to continue in the program and may be held responsible for reimbursing for the cost of services I receive. I authorize ESD 112 to share this information as necessary to determine my eligibility for the program.

By signing below, I authorize the exchange of information and records including Special Education and IEP/504 with local school districts, DSHS, ESD 112 and any other partner agency. I acknowledge that by applying for ESD 112 services, I am giving permission for the ESD 112 to use my Social Security Number and related records in accordance with its policies.

PUBLICITY RELEASE

I DO ___ DO NOT ___ give permission for my (or my child's in the case of a minor) photo(s) or video footage and name to appear in publicity designed for the purpose of informing federal, state, and local administrative agencies and the community about ESD 112 activities and programs.

X

Applicant Signature

Date

X

Parent or Guardian Signature (if applicant is under age 18)

Date

Parent or Guardian Name

Parent or Guardian E-mail

Parent or Guardian Phone Number

ESD112/YES is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Washington Relay 711.

These services were developed in partnership with Washington State Department of Social and Health Services, Division of Vocational Rehabilitation.