



ABA Intake Application

EMAIL TO: SUSAN@TLCGEORGIA.COM- FAX 404-937-2983

Mail To: 11285 Elkins Road Suite G2 Roswell GA 30076

IDENTIFYING INFORMATION:

Patient Name: _____ Date of Birth: _____

Parent/Guardian Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

I am Interested in:

- 9:30 AM-1:30 PM Group Day Program at the Roswell Clinic August 1 2021
- Home Services
- In-Clinic Services
- Private Preschool Services _____
- Private School: Name: _____

INSURANCE INFORMATION:

Check this box if you plan to pay privately for services.

Insurance Company: _____ ID Number: _____

Subscriber Name: _____ Group Number: _____

Secondary Insurance Company: _____ ID Number: _____

Subscriber Name: _____ Group Number: _____



MEDICAL INFORMATION:

Current Diagnoses: _____

EDUCATIONAL INFORMATION:

Name of School: _____

Classroom Type: _____

Behavioral Provider (if any): _____

Speech Provider (If any): _____

OT Provider (If any): _____

Other Therapy Provider (If any): _____

Please Describe your child's strengths and interests:

Please describe your child's current challenges with respect to communication and social skills:



Please describe your child's current challenges with respect to behavior:

Please describe your child's current challenges with respect to functional daily living skills:

Please describe your goals for your child, specifically with respect to ABA services:

Ideal schedule for your child:

*******IMPORTANT NOTE*******

For ABA Services – We are in network for Peachstate, Medicaid (Including Katie Beckett), and file out of network with other insurance companies for ABA.

We accept most insurance for Speech and OT.