



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: _____

Phone 1: _____ Phone 2: _____

I am interested in:

9:30 AM-1:30 PM Group day program at the Roswell Clinic August 1 2021

Home 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: _____

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 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.



**Therapy &
Learning
Center of GA**

Ideal schedule for your child:

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.