



<b>Service Inquiry</b>			
<b>Name</b>			
<b>Age</b>		<b>Birthdate</b>	
<b>Diagnosis</b>			
<b>Did your child previously receive ABA?</b>	Yes No		
If yes, provide the range of dates and the names of the providers:			
<b>What services are you interested in? (please circle one from the list below)</b>			
Full Time in-clinic   Part Time in-clinic   Outreach (school services)   Afternoon in-clinic			
<b>How would you describe your child's verbal abilities? (please circle one from the list below)</b>			
1. Non-verbal (does not use words or signs to express any wants or needs) 2. Verbal (uses some words or signs to express wants or needs) 3. High-verbal (uses sentences to communicate and engages in conversation)			
<b>How would you describe your child's problem behavior? (please circle one from the list below)</b>			
1. Compliant (does not engage in any concerning behaviors) 2. Mild/Moderate (engages in some problem behavior, such as crying, whining, tantrums) 3. Severe (engages in high frequency of concerning behavior, such as hitting, biting, destruction)			
<b>Guardian Name:</b>	<b>Relationship:</b>		
<b>Contact Number:</b>			
<b>Contact Email:</b>			
<b>Insurance Company:</b> (if Medicaid, please indicate which MCO)			