



## Initial Service Request Form

### CLIENT INFORMATION

Client Name:	Date of Request:
Date of Birth:	Age:
Address:	Phone/Email:
Parent/Guardian Name(s):	
Relationship to Client:	Phone/ Email:
Client Diagnosis:	Date of Diagnosis:
Diagnosing Physician:	Phone Number:

### SERVICE INFORMATION

I am interested in the following services (circle all that apply):

ABA Therapy      BCBA Consultation      Family Training      Social Skills Groups

If Telehealth services are available, I am interested in this modality (Y/N):    Yes    No

I am interested in services (circle all that apply):

Daily                      Weekly                      Bi-weekly                      Monthly

I am available for services (check all that apply):

Day of Week (Eastern Standard Time)	Morning (9:00 – 12:00)	Afternoon (1:00 – 3:00)	Evening (3:00 – 6:00)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			



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### INSURANCE INFORMATION

I am interested in paying for services via:

In-Network Insurance

Out-of-Network Insurance

Private Pay

**\*If you are interested in paying for services via insurance, please fill out the following information:**

Primary insurance Information	
Insurance Company:	Insured Name:
Policy ID:	Group Number:

Secondary insurance Information (if applicable)	
Insurance Company:	Insured Name:
Policy ID:	Group Number:

### REASON FOR REQUEST

Please discuss the reason you are requesting services below:

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### BEHAVIORAL CONCERNS

If you are requesting services due to behavioral concerns, please fill out the following information:

Client currently engages in the following behaviors (circle all that apply):

Aggression with people

Property Destruction

Self-Injurious Behavior

Tantrum

Crying

Cursing

Other: \_\_\_\_\_

The behaviors listed above inhibit the client and family's daily life and ability to thrive (circle all that apply):

In the Home

In School/ At Work

In the Community

### NEEDED DOCUMENTATION

Please attach the following documents:

1. Copy of insurance card (front and back)
2. Copy of diagnostic report from diagnosing physician
3. Any reports describing need for services (i.e., behavior reports from school, etc.)

### WAITLIST

If there are no current openings for services, I would like to be placed on the waitlist.