

Service Inquiry			
Name			
Age		Birthdate	
Diagnosis			
Did your child previously receive ABA?	Yes No		
Has your child received ABA? If so, where?			
Does your child attend school? If so, where?			
What services are you interested in? (please circle one from the list below)			
Full Time in-home Part Time in-home Outreach (community services) School services			
How would you describe your child's verbal abilities? (please circle one from the list below)			
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)			
How would you describe your child's problem behavior? (please circle one from the list below)			
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)			
Additional Comments:			
Guardian Name:		Relationship:	
Contact Number:			
Contact Email:			
Insurance Company:			
(if Medicaid, please indicate which MCO)			

Date: _____