**Date of Information Call:** **Staff talked to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Called back with coverage info on:**  **Intake Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name |  | Child Birthday |  |
| Mother Name |  | Father Name |  |
| Primary Phone #  |  | Secondary Phone #  |  |
| Street Address City State Zip |  |
| Email Address |  |
| Primary Diagnosis |  |
| Who diagnosed the child? When? |  |

|  |  |
| --- | --- |
| Insurance Company |  |
| Provider Phone # (back of card) |  |
| Behavioral Health # (back of card) |  |
| ID Number |  | Group Number |  |
| Policy Holder Name |  | Date of Birth |  |
| Employer or Individual Plan ? |  | Employer |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Is the child verbal? | Yes No | How do you communicate ? |  |
| Potty Trained ? | Yes No |  |  |
| Has child ever received ABA Services ? | Yes No  |  |  |
| Other therapy services? | Yes No |
| Currently in Program? | Yes No  |
| School District/Grade/Type of Classroom |  |
| What services are you looking for ? |  |
| Is family receiving any community supports? MHMR? |  |