**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? | |  | |