CPABA Therapy Georgia Service Request Form

Please fill out all questions and return to intakegeorgia@cpabatherapy.com – Once received, a member of our staff will reach out to confirm receipt and your child will be placed on our waitlist for services. You will be contacted as soon as a spot is available. Spots are offered in order of receipt of this form and dependent on matching of location, provider availability, and the client's availability. Please email or call to update this form if your availability changes. Thank you!

Child's Information		Today's Date:	
First Name:		**Date of Birth:**	
Last Name:			
Parent(s) Names:			
Best Phone:		**Best Email:**	
Address:			
City:		**State:**	**Zip:**
Preferred Contact Method:			

Insurance Information: How will services be funded?	
Type of Insurance:	**Secondary Insurance:**
Does your insurance cover ABA Therapy?	**If not, would you still like services?**

Requested Services
Preferred Service Location(Choose one): ☐ In-Home ☐ Other(Please Specify):_____
Desired Schedule (Choose all that apply): ☐ Flexible ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
Desired Time(s) (Choose all that apply): ☐ Flexible ☐ AM (8:00-12:00 range) ☐ PM (12:00-3:00 range) ☐ After School (3:00-5:00 range)
Current Schedule Constrictions: Are there any current constrictions to your child's schedule that cannot be changed? If so, what days/times are those activities (e.g. Speech, OT, naptime, etc)?
School: Is your child in an educational setting? If so, are they in full day school, part day school or home schooled and what is their current school schedule?
ABA: Has your child received ABA previously? If so, how long have they received ABA and how many hours per week were they getting?
Concerns: What are your biggest concerns for your child? What would you like to accomplish with ABA?
Questions:
****This Service request doesn't guarantee services****