



### CLIENT AVAILABILITY FOR SERVICES

Clients First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_ / \_\_\_ / \_\_\_ Age : \_\_\_\_\_

Parent First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Best Contact Number:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Public or  Private School Name

School Name: \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_

Grade : \_\_\_\_\_ District : \_\_\_\_\_

Has parent notified school of ABA request  Y /  N

Person Notified & Contact Number: \_\_\_\_\_

**Current Availability: (Pls notify us immediately if this schedule changes)**

As of, \_\_\_\_\_ 20\_\_\_\_, My child is available to be serviced the following days/times:

**\*AKA service hours:** 8a - 8p Mon - Fri & 9a - 1p Saturday

I would like services in the,  Home/Community OR  Office/Clinic

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (Social Skills Groups ONLY)
AM						
PM						

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Assigned Clinician:** \_\_\_\_\_ **First Appt Scheduled On:** \_\_\_\_\_