



ABA Interest Form

Thank you for your interest in HOPE Autism and Behavioral Health Services. The following information is vital in helping us determine your family's needs and how our current availability matches those needs. Please fill out this form and send it to Hunter@Hopetn.com or mail it to the HOPE Learning Center, 7105 Crossroads Blvd, Ste 106, Brentwood TN 37027

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Diagnosis (if applicable): _____

Primary Language Spoken at Home: _____

Other Languages Spoken at Home: _____

Mother/Guardian #1 _____

Home Number: _____ Work Number: _____ Cell Number: _____

E-mail: _____ Preferred Method of Contact: _____

Father/Guardian #2 _____

Home Number: _____ Work Number: _____ Cell Number: _____

E-mail: _____ Preferred Method of Contact: _____

Insurance Provider (if Applicable): _____

Does your current insurance plan cover ABA services? Yes _____ No _____ I Don't Know _____



What services are you interested in at this time?

Full Home Program _____
School Observation _____
Parent/Teacher Training _____
Other (please write) _____

What are your current areas of concern?

Skill Acquisition (check all relevant areas) _____

Communication _____ Social Interaction _____ Self-Care/Adaptive _____
Recreation/Leisure/Play _____ Motor _____ Cognitive/Pre-Academic/Academic _____

Other: _____

Reducing Problematic Behaviors _____

What are the current behaviors of concern? _____

Other (please write) _____

Is your child currently in school? _____ If so, where? _____

What days? _____ What times? _____

Where does your child spend most of their day? _____

If with a care-giver at an address other than home please list below:

Does he/she take a nap? _____ If so, what time? _____



We make our best effort to accommodate family schedules that are currently in place when scheduling HOPE sessions. What days/times is your child available for services based on their current schedule:

Mondays: _____

Tuesdays: _____

Wednesdays: _____

Thursdays: _____

Fridays: _____

In what settings are you interested in receiving direct services?

Home _____ Center _____ School _____ Community _____

Name of person filling out form _____

Signature _____ Date _____

You will receive a call or email from Hunter Gast, our Program Director, within 7 days after we receive this form. She will let you whether we can accommodate your request at this time or if you will need to be added to our waiting list.