

Date: _____
Member: <input type="checkbox"/> New <input type="checkbox"/> Follow Up <input type="checkbox"/> Provider
Staff: _____

Child Information

Child Last Name _____ Child's First Name _____ M I _____
 DOB _____ Age _____ M/F _____ Child's Diagnosis _____
 Other diagnosis/medical issues _____

 Current Insurance? (Medicaid, Private, ETC) _____
 Child's behavior? (Please list any behavior issues: Aggressive, Gentle, Eloper, ETC) _____

 Current Therapies and Services: (i.e.; ABA, Speech, OT, DRC) _____

 Multiple children on spectrum Y/N _____ Name and Ages of siblings (please note if on the spectrum):

Parent Information

Parent Name(s) _____
 Street Address _____
 City, State, Zip _____
 Phone Number _____ Marital Status _____
 Email Address _____
 How would like to be contacted? Text Email Phone Would you like to receive text messages? Yes No

Program Information

What programs/events are you interested in participating? **Check all that apply:**

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> ABA Trainings | <input type="checkbox"/> Advocacy Support (IEP Funding) | <input type="checkbox"/> A-Games | <input type="checkbox"/> Annual Picnic |
| <input type="checkbox"/> Dad's Group | <input type="checkbox"/> Holiday Party | <input type="checkbox"/> IPAD Program | <input type="checkbox"/> Lending Library |
| <input type="checkbox"/> Parent Mentor Program | <input type="checkbox"/> Pool Parties | <input type="checkbox"/> Parent's Night Out & Respite Program | |
| <input type="checkbox"/> Parent Support Meetings (Adult/Dads/English/Spanish) | | <input type="checkbox"/> Parent Trainings | |
| <input type="checkbox"/> Spectrum Connects | <input type="checkbox"/> SS Scholarship | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Wings for Autism |

For Grant Purposes Information

Parent(s) Education Level: High School/College/Graduate _____ How do hear about FEAT: Facebook- Parent Hotline - FEAT Website
 Household Income Level – \$10K 20K 30K 40K 50K 60K 80K 90K. 100K Other: _____
 Ethnicity – Caucasian / Latino / African American / Asian / American Indian / East Indian / Other: _____
 Notes: _____

Assistance Needed: