

Date: \_\_\_\_\_ Member: New Follow Up Provider: \_\_\_\_\_ Staff: \_\_\_\_\_

**Child Information**

Child/Adult Last Name \_\_\_\_\_ Child/Adult's First Name \_\_\_\_\_ M I \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_ Child/Adult's Diagnosis \_\_\_\_\_

Other diagnosis/medical issues \_\_\_\_\_

Current Insurance? (Medicaid, Private, ETC) \_\_\_\_\_

Child/Adult's behavior? (Please list any behavior issues: Aggressive, Gentle, Eloper, etc.?)  
 \_\_\_\_\_

Current therapies and services: (i.e.: ABA, Speech/Occupational/Physical therapies, ATAP, DRC, SSI, WIN, etc) \_\_\_\_\_

Multiple children/adults on the spectrum Y/N Name and Ages of Siblings (please note if on the spectrum):  
 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Information**

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Marital Status \_\_\_\_\_

Email \_\_\_\_\_

How would like to be contacted? Text Email Phone

**Program Information**

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

- ABA Trainings
- Advocacy Support (IEP Funding)
- A-Games
- Annual Picnic
- Dad's Group
- Holiday Party
- iPad Program
- Lending Library
- Parent Mentor Program
- Pool Parties
- Parent's Night Out Respite Program (PNO)
- Parent Support Meetings (Adults/Dads/English/Spanish)
- Spectrum Connects
- Volunteer
- Feat Flights

**Información General Para Nuestros Patrocinadores**

How do you 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: \_\_\_\_\_