



Date _____
FEAT Rep _____
Language _____

FEAT OF Southern Nevada
Client Intake Form – Please Print Clearly

Parent Name(s) _____

Street Address _____

City, State, Zip _____

Phone Number _____ Email Address _____

How would you like to be contacted? Circle all that apply: TEXT EMAIL PHONE

Would you like to receive text messages: YES NO Marital Status: _____

Children Information:

Name _____ DOB _____ Diagnosis _____ M/F

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

Describe your child’s behavior? (Aggressive, Gentle, Eloper etc..)

Name and Ages of siblings (please note if on the spectrum) _____

What events are you interested in participating in? Circle all that apply:

Advocacy Support (IEP Funding) Parent Support Meetings (English or Spanish)

Parent Mentor Program Pool Parties Holiday Party Annual Picnic Dad’s Group

Parent Trainings ABA Trainings FEAT/SS Scholarship Parent’s Night Out

Respite Program A-Games Lending Library Facebook IPAD Program

FEAT Website Parent training Spectrum Connects Parent Hotline

Wings for Autism Volunteer Feat Family Nights

(For Grant Purposes)

Parent(s) Education Level – High/College/Graduate

Parent(s) Income Level – \$10,000-25,000 \$25,001-55,000 \$55,001 -85,000 \$85000+

Ethnicity – Caucasian / Latino / African American / Asian / American Indian / East Indian / Other

Notes: _____