

**Meredith Autism Program (M.A.P.)
Application for Services**

Child's Name

Date of Birth

Today's Date

Caregiver 1 Name

relationship to child:

Caregiver 1 Occupation

Caregiver 2 Name

relationship to child:

Caregiver 2 Occupation

Address

Best Contact Phone Number

Email Address

Preferred Methods of Contact (select all that apply) **Phone** **Text** **Email**

Date and Place of Diagnosis

Please list any services that the child is currently receiving (speech therapy, occupational therapy, physical therapy, therapeutic preschool, typical preschool, etc.):

Please list your major concerns about your child at the present time:

Please describe how your child currently communicates with you:

Please describe any inappropriate or maladaptive behaviors in which the child has ever engaged:

Unfortunately this type of program costs over \$30,000 per year, please explain how you would maintain your child's services in this program for over 2 years if needed:

Please tell us why you decided upon this particular type of intervention for your child:

How did you hear about our services: