Application for Services

Andrews Center
Treatment and Learning Center
1710 West Front St.
Tyler, Texas
75702
903 593-4004. Fax 903-593-4121

Thank you for your interest in the Andrews Center Autism Programs. At the Treatment and Learning Center (TLC), we are dedicated to piecing together our East Texas community by providing quality Applied Behavior Analysis (ABA) tailored to meet the needs of each child and teach them how to better communicate and interact with their environment, family, friends, and teachers.

TLC offers 3 programs:

- The Outreach Program is a parent training program that provides short-term 1:1 ABA treatment with the child and family members for 3 hours a week, and usually funded through general revenue with a sliding scale fee or through a medical waiver program.

- The DARS Program is a focused program that provides short-term 1:1 ABA treatment for 6 hours a week for 6 months with some parent training, and is usually funded through a grant from the Texas Department of Assistive and Rehabilitative Services (DARS) with a cost share.

- The Day Treatment Program is a comprehensive program providing 1:1 intensive ABA treatment 20-40 hours per week, and is funded through insurance and private pay.

Please select the program for which you are applying

☐ **Outreach Program (3 hours weekly, short-term, Parent Training Program)**

☐ **DARS Program (6 hours weekly, short-term, Focus Program)**

☐ **Day Treatment Program (20-40 hours weekly, long term, Comprehensive Program)**

My priority for treatment:

☐ **Reduction of Interfering Behaviors**

☐ **Increasing Functional Language and Communication Skills**

☐ **Social Skills Training**

☐ **Other:** Click to enter other priorities for treatment.

How did you hear about us?

☐ **Referred by:** Click here to enter name of referral

☐ **Other:** Click here to enter how you heard about us.

ALL INFORMATION IN APPLICATION IS REQUIRED FOR SERVICEs

Today's Date Click here to enter a date.

IDENTIFYING INFORMATION:

Child's Full Name: Click here to enter text.

Date of Birth: Click here to choose birthdate.

Social Security Number: Click here to enter social security number.

Age: Enter Number Age. *years*

Sex: ☐ Male ☐ Female

Language Spoken: Click here to enter language. Race/Ethnicity: Click here to enter race/ethnicity.

Height: Feet. *ft.* Inches. *in.* Weight Enter Weight in Lbs. *Lbs.*

Texas County of Residence: Click to enter county.

Home Address: Address Line 1 *Apt. Number*

City, State Zip Code

DIAGNOSIS INFORMATION

Diagnosis: Click here to enter diagnosis.

Doctor Who Provided Diagnosis: Click here to enter name of doctor.

Age of Child When Diagnosed: Click here to enter age.

Year Diagnosis was given: Click here to enter year.

FAMILY INFORMATION

Parent or Guardian Name: Click here to enter name. Relationship: Choose Relationship.

Address (if different from child): Address Line 1.

City, State, Zip

Phone Number: (*Cell*) Click here to enter cell number (*Other*): Click here to enter other phone

E-mail: Click here to enter email address

Parent or Guardian Name: Click here to enter name. Relationship: Choose Relationship.

Address (if different from child): Address Line 1.

City, State, Zip

Phone Number: (*Cell*) Click here to enter cell number (*Other*): Click here to enter other phone

E-mail: Click here to enter email address

FAMILY DEMOGRAPHICS

Family Size: Choose family size. Gross Annual Income for Family: $Click here to enter income

INSURANCE INFORMATION

Do you have CHIP: ☐ Yes ☐ No CHIP Number: Click here to enter CHIP number

Do you have Medicaid: ☐ Yes ☐ No Medicaid Number: Click here to enter Medicaid

Do you have Medicare: ☐ Yes ☐ No Medicare Number: Click here to enter Medicare

Do you have Insurance: ☐ Yes ☐ No Insurance Company: Click to enter provider

Insurance Phone Number: Click here to enter phone

Ins. Address: Address Line 1.

City, State, Zip

Insured Name & DOB: Click here to enter name of insured. DOB: Click here to enter insured DOB.

Relationship to Child: Choose relationship to client

Policy #: Click here to enter policy number. Group #:Click here to enter group number.

Please, provide the required documentation for application to all autism services:

- ☐ Autism Diagnosis Report from a Doctor
- ☐ Copy of Insurance Card
- ☐ Copy of Insured Driver's License

Required for Outreach Program:

- ☐ Andrews Center Service Coordinator or Medicaid Waiver Service Coordinator
    - o Please contact Barbara Goodknight, respite coordinator, at (903) 597-5067 for starting the process of getting a Andrews Center Service Coordinator

Required for DARS Program:

- ☐ Proof of Texas Residency
- ☐ Tax Information or Proof of Annual Income

Required for Day Treatment Program:

- ☐ Autism Diagnosis completed using ADOS2 Testing
- ☐ Prescription or Note from an M.D. saying that 35-40 hours a week of ABA is medically necessary

Name of Parent/Guardian: Parent/Guardian Name

Date: Click here to enter a date.