

Consumer's Name: _____



Application for Services

Andrews Center: Treatment and Learning Center
1722 West Front St.
Tyler, Texas 75702

Phone: 903 593-4004 Fax: 903-593-4121 Email: TLCABA@andrewscenter.com

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's Programs

- The Focus program is a treatment model 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 Health and Human Services Commission (formerly DARS) with a cost share.
- The Comprehensive program is a treatment model that provides 1:1 intensive ABA treatment 20-40 hours per week and is funded through insurance and private pay.

Please select the funding source:

- Focus Program (6 hours per week, short time, focused treatment model)
- Comprehensive Program (20-40 hours to the week, long term, comprehensive treatment model)

My priority of treatment:

- Reduction of Interfering Behaviors
- Increasing functional language and communication skills
- Social skills training
- Other: _____

How did you hear about us?

- Referred by: _____
- Other: _____

Consumer's Name: _____



ALL THE INFORMATION IN APPLICATION IS REQUIRED FOR SERVICES

Today's Date _____ / _____ / _____

IDENTIFYING INFORMATION:

Child's Full Name:	Date of Birth:	Age in Years:		
Social Security Number:	Child's Gender:	Language Spoken in Home:		
Height: <i>ft.</i> <i>in.</i>	Weight: <i>lbs.</i>	Race/Ethnicity:		
Address:	City:	State:	Zip Code:	County:

DIAGNOSIS INFORMATION

Diagnosis/Diagnoses:	Doctor who provided diagnosis:
Age at Diagnosis:	Year diagnosis was given:

FAMILY INFORMATION

Parent/Guardian Name:	Relationship to child:
Address (if different from child):	City, State, Zip:
Phone Numbers Cell/Home: Other:	Email Address:
Additional Parent/Guardian Information	
Parent/Guardian Name:	Relationship to Child:
Address (if different from child):	City, State, Zip:
Phone Numbers Cell/Home: Other:	Email Address:
Family Size:	Gross Annual Income for Family:

Consumer's Name: _____



FUNDING INFORMATION

Does your child have CHIP? Yes No	CHIP Number:
Does your child have Medicaid? Yes No	Medicaid Number:
Does your child have Medicare? Yes No	Medicare Number:

Does your child have private insurance? Yes No	Insurance Company:
Insurance Phone Number:	Insurance Address:
Policy Holder Name and DOB:	Relationship to Consumer:
Policy Number:	Group Number:

Please attach the following documentation

Requirements for any services:

- Autism Diagnosis Report
- Copy of insurance card
- Copy of driver's license
- Proof of Income (tax return or 3 pay stubs)
- Custody Agreements (if applicable)
- Individualized Education Plan (if applicable)

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Requirements for the Focus Program:

- Proof of Texas residency
- Tax information or proof of annual income
- Any previous relevant assessments
 - Speech assessment
 - Occupational therapy assessment
 - School evaluations

Requirements for the Comprehensive Program:

- Autism Diagnostic paperwork
 - ADOS2
 - Done by medical doctor or PsyD
- Prescription of hours by primary care physician (usually 35-40 hours)
- Any previous relevant assessments
 - Speech assessment
 - Occupational therapy assessment
 - School evaluations

Please initial:

_____ I would like to be contacted by a current or former TLC parent regarding their experiences and what to expect.

_____ I would like to be added to the TLC email list for information regarding events, trainings, etc.

Feel free to visit our Facebook page at <https://www.facebook.com/treatmentandlearningcenter/> or our website at tlcaba.org

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____