Community Inquiry Form

Child's Name: ____ Birthdate: ____/_____/_____

Parent/Guardian Name(s): _________________________________ Diagnosis: ______________________

Contact Number(s): _____________________________Crossroads: _____________________________

Contact Email(s): ____

Do you prefer ☐*Email* or ☐*Phone*

Services Requested: ☐ ATC ☐ HAH ☐ RSP ☐ Transportation

How Many Hours/Week are you wanting these services to be provided: __________________________

What is your Availability:

Sunday: ____

Monday: ____

Tuesday: ____

Wednesday: ____

Thursday: ____

Friday: ____

Saturday: ____

What is your Provider Preference: (i.e. Male v. Female, etc.)?

My child is primarily

☐ Verbal ☐ Non-Verbal

If non-verbal please indicate your child's method of communication:

My child is primarily:

☐ Independent with toileting needs ☐ requires minimal assistance ☐ requires full assistance

Is your child in ☐ diapers/pull up ☐ undergarments ☐ None

Please indicate your child's mobility:

☐ Ambulatory ☐ uses a walker ☐ uses a wheel chair

Does your child display any of the following behaviors?

☐ self-injurious behaviors ☐ aggressive behaviors towards adults
☐ aggressive behaviors towards peers (biting, hitting, pinching etc.)

If your child does have any of the above please give a brief description in the box below:

In the space below please provide any information you feel is important regarding your child. (such as; likes, dis-likes, behaviors, sensory needs)

Medical Information

Does your child have special feeding needs? ☐ Yes ☐ No

If yes, please provide a brief description below.

Does your child have seizures? ☐ Yes ☐ No

If yes, do you have a current seizure protocol from your treating physician? Yes ☐ No ☐

Does your child an emergency medication to administer if a seizure occurs? Yes ☐ No ☐

Does your child have allergies? (food, medicine, environmental) ☐Yes ☐No

If yes, please describe protocol for exposure to allergen:

Allergen	Protocol

Would your child need to have medication administered during services? ☐Yes ☐ No