



## Applied Behavior Analysis (ABA) Service Request Form

Please submit completed ABA Request form and accompanying documentation (copy of ID of guardian or guardianship documentation, diagnostic report, referral or script recommending ABA therapy, Letter of Medical Necessity from Pediatrician, and a copy of the front and back of ALL insurance card(s)) by encrypted email or fax to:

[Info@ZOeABA.com](mailto:Info@ZOeABA.com)

Fax: 706-780-1705

Check here after you have read the attached information about ABA therapy services.

<b>INDIVIDUAL NAME:</b>	<b>DATE:</b>
<b>DOB:</b>	<b>GENDER:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>PARENT/GUARDIAN NAME(S) and RELATIONSHIP:</b>	<b>CAREGIVER HOME PHONE NUMBER:</b>
	<b>CAREGIVER CELL PHONE NUMBER:</b>
	<b>CAREGIVER EMAIL ADDRESS:</b>
<b>ADDRESS:</b>	<b>CAREGIVER HOME PHONE NUMBER:</b>
	<b>CAREGIVER CELL PHONE NUMBER:</b>
	<b>CAREGIVER EMAIL ADDRESS:</b>
<b>INSURANCE COMPANY/PLAN(S) (LIST ALL):</b>	<b>MEMBER NUMBER(S) (LIST ALL):</b>
Primary:	Primary:
Secondary:	Secondary:
<b>DIAGNOSES (AUTISM IS THE ONLY DIAGNOSIS COVERED BY FUNDERS):</b>	<b>DIAGNOSING PHYSICIAN (REPORT MUST BE SIGNED BY CLINICAL PSYCHOLOGIST, NEUROLOGIST, OR PRIMARY CARE PHYSICIAN):</b>
	<b>DATE DIAGNOSED:</b>
<b>DOES S/HE HAVE AN IEP (PROVIDE COPY)?</b>	<b>DATE OF LAST IEP:</b>
<b>BRIEF DESCRIPTION OF NEEDS/SKILL DEFICITS/CONCERNS:</b>	<b>CURRENT THERAPIES, PROVIDER, AND SCHEDULE (FOR EXAMPLE, OT, PT, ABA THERAPY, SPEECH THERAPY, SCHOOL IEP):</b>
	<b>MEDICATIONS:</b>
<b>AVAILABILITY FOR SERVICES:</b>	
*INITIALLY MINIMUM OF 10 HOURS OF SERVICES ARE REQUIRED UNLESS BCBA DETERMINES LESS ARE NEEDED FOR MOST EFFECTIVE TREATMENT.	
<input type="checkbox"/> M _____ <input type="checkbox"/> T _____ <input type="checkbox"/> W _____ <input type="checkbox"/> TH _____ <input type="checkbox"/> F _____ <input type="checkbox"/> SA _____ <input type="checkbox"/> SU _____	
<b>PREFERRED LOCATION FOR ONGOING SERVICES: <i>*NOTE: UPON THE RESULTS OF ASSESSMENT, THE BEHAVIOR ANALYST WILL DETERMINE BEST LOCATION FOR SERVICES.</i></b>	
<input type="checkbox"/> HOME AND COMMUNITY <input type="checkbox"/> CENTER (WILL REQUIRE AT LEAST 1 IN HOME VISIT/MONTH FOR GENERALIZATION)	
<input type="checkbox"/> <i>I agree that the information above is accurate and if anything changes, I will inform ZÖe ABA immediately so they can update.</i>	
Caregiver Name: _____	Caregiver Signature: _____



## What is Applied Behavior Analysis?

Applied Behavior Analysis (ABA) is a therapy based on the science of learning and behavior.

### Behavior analysis helps us to understand:

- How behavior works
- How behavior is affected by the environment
- How learning takes place

### Goals:

- Increase language and communication skills.
- Improve attention, focus, social skills, memory, and academics
- Decrease problem behaviors

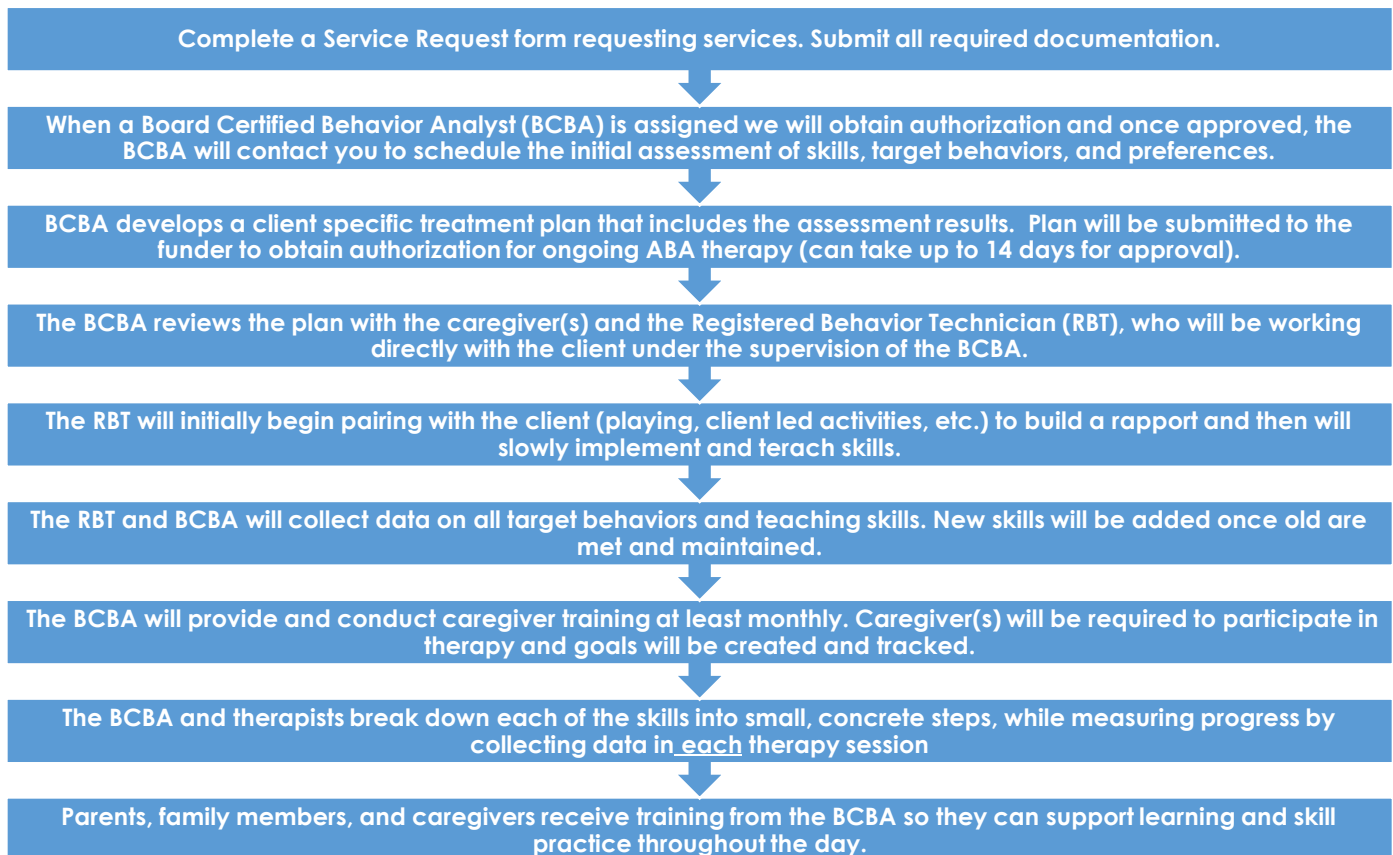
### Flexible treatment:

- Can be adapted to meet the needs of each unique person
- Provided in many different locations – at home, at school, and in the community
- For most effective treatment minimum of 10 hours/week with a consistent schedule
- Teaches skills that are useful in everyday life
- Can involve one-to-one teaching or group instruction
- Positive reinforcement**

### Treatment goals (based on age and individual skill levels):

- Communication and language
- Social skills
- Self-care (such as showering and toileting)
- Play and leisure
- Motor skills
- Learning and academic skills

### Steps to acquire services:



Welcome to ZÖe ABA!