



Accelerated Learning Clinic

6897 W. Charleston Blvd. Las Vegas, NV 89117 | Ph 888.505.1376 | Fax 888.501.0472 | www.alcautism.com

Name: _____

Email address: _____ Phone: _____

Name: _____ Child's Age: _____ M ___ F ___

Currently Enrolled in ABA Services: Y ___ N ___ If Yes, how many hours per week? _____

Date of Autism Diagnosis: _____ By: _____

Do you have a referral for ABA Therapy? Y ___ N ___

Request for ABA Services:

- After School
- All Day program
- Other: _____

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- Insurance:
- Anthem
 - Healthplan of NV/Sierra Health & Life
 - Healthscope
 - HPN Medicaid
 - Medicaid
 - Self Pay
 - Tricare
 - UMR

COMMENTS: