



# ST GERARD HOUSE

## St. Gerard House Waiting List

**Please fill out this form to add your child on our waiting list for the Grotto program that serves ages 3 - 21.** The Grotto Therapeutic Program is center-based only and located in Hendersonville, NC. Return the form via email to: Bethany Gareis (Bethany.Gareis@stgerardhouse.org) or via mail: 620 Oakland Street, Hendersonville, NC 28791.

Date: \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Parent Phone #** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_ **Secondary Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

Do you reside within Hendersonville City Limits? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Client's Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** \_\_\_\_ Male \_\_\_\_ Female **Household's Primary Language** \_\_\_\_\_

**# of Adults in the household** \_\_\_\_\_ **# of Children in the household** \_\_\_\_\_

Are you interested in enrolling your child in our year round, ABA program?  
\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unsure, I will contact St. Gerard House with my questions

### Insurance Information:

**Primary Insurance Provider:** \_\_\_\_\_

**Patient Member ID#** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Policy Holder Name:** \_\_\_\_\_ **Relationship to Client:** \_\_\_\_\_

Do you know if your plan has ABA coverage? \_\_\_\_\_

**Secondary Insurance Company:** \_\_\_\_\_

**Patient Member ID#** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Policy Holder Name:** \_\_\_\_\_ **Relationship to Client:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

What is your child's primary diagnosis? Please provide other diagnostic level details if they apply. Provide as much detail as possible. If your child does not have a formal diagnosis please indicate that here.

\_\_\_\_\_

Where/Who provided the diagnosis for your child?

\_\_\_\_\_

How does your child communicate? (verbal, partially verbal, non-verbal, sign language, etc)

\_\_\_\_\_

\_\_\_\_\_

Please describe your child's behaviors.

\_\_\_\_\_

\_\_\_\_\_

Are they receiving other therapies or medical interventions? Please state what services they are receiving.

\_\_\_\_\_

\_\_\_\_\_

Does your child have a current IEP from NC? \_\_\_\_\_

What is the date of your child's most recent Psychological evaluation or diagnostic report?

\_\_\_\_\_

In your opinion, where does your child need the most help?

\_\_\_\_\_

\_\_\_\_\_

Anything else you want us to know about your child?

\_\_\_\_\_

\_\_\_\_\_

## St. Gerard House Waiting List Continued

### Demographics:

1. What gender does your child identify as?

- Male
- Female
- \_\_\_\_\_
- Prefer not to answer.

2. Please specify your ethnicity

- Caucasian
- African-American
- Latino or Hispanic
- Asian
- Native American
- Native Hawaiian or Pacific Islander
- Two or More
- Other/Unknown
- Prefer not to answer

3. What is the highest degree or level of education of the child's primary caregiver?

- Some High School
- High School
- Bachelor's Degree
- Master's Degree
- Ph.D. or higher
- Trade School
- Prefer not to answer

4. What is your total expected annual household income?

- Less than \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 or more
- Prefer not to answer