



# New Client Form

EMPOWERING ABILITIES. ENRICHING LIVES.

A simple first step toward clearer support

Please complete as much as you can. This form helps our team prepare for an initial conversation. It is an intake and inquiry form only; it is not a diagnosis, treatment plan, or consent for services.

## 1 CLIENT AND CAREGIVER INFORMATION

CLIENT FULL NAME

PREFERRED NAME

DATE OF BIRTH

PRONOUNS (OPTIONAL)

PARENT / CAREGIVER NAME

RELATIONSHIP TO CLIENT

BEST PHONE NUMBER

EMAIL ADDRESS

STREET ADDRESS

CITY / STATE / ZIP

PREFERRED WAY TO CONTACT ☐ Call

☐ Text

☐ Email

☐ Other

## 2 WHAT BRINGS YOU TO ADONAI ABA CENTER

TELL US WHAT YOU ARE NOTICING, HOPING FOR, OR HOPING TO UNDERSTAND

CURRENT DIAGNOSIS OR PRIMARY CONCERN (OPTIONAL)

CURRENT SCHOOL, PROGRAM, OR SETTING

STRENGTHS, INTERESTS, AND MOTIVATORS

COMMUNICATION PREFERENCES OR SUPPORTS

## 3 AREAS WHERE SUPPORT MAY BE HELPFUL

Select any areas you would like to discuss. We can refine priorities together.

☐ Individualized ABA therapy

☐ Communication skills

☐ Social skills

☐ Daily living / independence

☐ Behavior support

☐ Academic skills

☐ Parent / caregiver training

☐ Other

OTHER SUPPORT OR CONTEXT YOU WOULD LIKE US TO KNOW ABOUT



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A few practical details help us prepare for the first conversation

## 4 SERVICE CONTEXT

Where would support be most useful right now?

☐ Home

☐ School

☐ Community

☐ Other

### CURRENT SERVICES, PROVIDERS, OR SUPPORTS

## 5 REFERRAL INFORMATION

REFERRING PROVIDER OR ORGANIZATION

PROVIDER PHONE OR EMAIL



HOW DID YOU HEAR ABOUT ADONAI ABA CENTER?

REFERRAL NOTES OR GOALS



## 6 ACADEMIC PRIORITIES

If academic support is a priority, select the content areas you would like to discuss.

☐ Mathematics

☐ Reading and writing

☐ Social studies

☐ Science

### ACADEMIC GOALS, STRENGTHS, OR QUESTIONS

## 7 YOUR QUESTIONS

WHAT WOULD YOU LIKE TO ASK OUR TEAM?

### What happens next

After we receive this form, a member of the Adonai ABA Center team may contact you to clarify your goals, answer questions, discuss availability, and explain possible next steps. Submitting this form does not guarantee services or create a provider–client relationship.

## 8 ACKNOWLEDGMENT

I confirm that the information provided is accurate to the best of my knowledge. I understand that Adonai ABA Center may contact me using the information above to follow up on this inquiry.

PARENT / CAREGIVER SIGNATURE

DATE