

Behavior Analysis Center of Asheville

Application for Crisis Intervention Services

Child

Name Birth Date Primary Diagnosis

Ages of Any Siblings Medications

Previous Treatment/Therapy (ex: behavior plan, etc.)

Current Services, If Any

School Grade/Classroom How Long Attended

Services Received in School (Psychologist, Behavior Plan, etc.)

Communication Skills/Abilities

Please describe your crisis situation:

Parent (or Guardian)

Name(s) Medicaid (Yes or No) Approx. Annual Income

Address City State Zip

Home Phone Cell Phone Email Address