



1. Name of person who needs services: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_

State needs this information to start review

4. Family Member Names \_\_\_\_\_  
& their Relationships: \_\_\_\_\_

5. Address/Zip: \_\_\_\_\_  
\_\_\_\_\_

6. Phone Numbers:  
Okay to Text?  YES  NO

Email \*if used:

7. Does the person have Medicaid? \_\_\_ YES \_\_\_ NO
8. If yes, what is the number (starts with letters): \_\_\_\_\_  
(very important if they do have Medicaid)
9. Person's doctor or pediatrician/town/city:
10. Do they see any specialists, like neurologists:
11. If Autistic, where was the person diagnosed or by whom:

Examples might be UPMC Kirch/DBP, Dr. Magyar, others.

**Please use back if needed – thank you!**

(For Office Use) Releases sent to:

Notes: