



**BUILDING BEHAVIORS AUTISM CLINIC
AND DISCRETE TRIAL TRAINING PROGRAM
APPLICATON FORM**

Please complete all information.

Child's Name: _____ Age: _____ Birthdate: _____

Male or Female: _____ Telephone (H): _____ Telephone (W): _____

Address: _____

City, State, Zip: _____

Parent(s) Name: _____

Address: _____

City, State, Zip: _____

Telephone (H): _____ Telephone (W): _____

Child's diagnoses: _____

If you child has not been previously seen at the Building Behaviors Autism Center, please attach a copy of their initial evaluation indicating their autism diagnosis in addition to their most recent evaluation/MFE and IFSP/IEP. **You will not be considered for the program without proof of an autism diagnosis, your child's most recent comprehensive evaluation, and IFSP/IEP.** If you need assistance in obtaining an evaluation, we would be happy to give you a list of referrals.

Child's strengths: _____

Child's weaknesses: _____

Briefly, what are the top 3 goals for your child for his/her ABA/DTT Program:

1. _____

2. _____

3. _____

Cost/Payment

\$2,000 (\$4,000 is the actual cost, although we are able to provide a 50% discount due to grant funding).

Sliding Scale Amount: _____ (please call 216-539-8202 for details).

Please make checks payable to: IHM Child Center

We are also an Autism Scholarship Provider.

Scholarship Application

To be considered for a scholarship, please send a letter including the following:

- ◆ Name of child
- ◆ Brief history of child
- ◆ How your child will benefit from the DTT Autism Clinic
- ◆ Yearly family income, including number of dependents
- ◆ Amount of money you are willing to contribute to the program

If your child would like to write a letter or send something (e.g., drawing, picture, etc.), please include it in the application.

If you are applying for a scholarship, do we have your consent to release your child's application to the board of directors and/or any other community member or organization who wishes to support your child's scholarship?

_____ YES _____ NO _____
Parent/Guardian Signature and Date

Submit your application request to:
Board of Directors
IHM Child Center/Building Behaviors
14538 Grapeland Avenue
Cleveland, Ohio 44111

Optional Photo release: If accepted into the program, I hereby give my permission for my and/or my child's picture to be used in IHM Child Center's publications.

_____ Yes _____ No _____
Parent/Guardian Signature and Date