



INTAKE APPLICATION CHECKLIST

Please return the applicable items listed below

1. Client Intake Application (completed & signed) – 2 pages
2. Enrollment Packet (completed & signed) – 12 pages
3. Patient Financial Responsibility Statement (signed) – 1 page
4. Notice of Privacy Practices (signed) – page 5
5. Driver's license
6. Front & back copies of insurance I.D. card (if use insurance)
7. Physician's script/referral for each service (*if available*)
8. Other reports (speech evaluation, occupational evaluation, psychological, genetic, etc...), *if available*