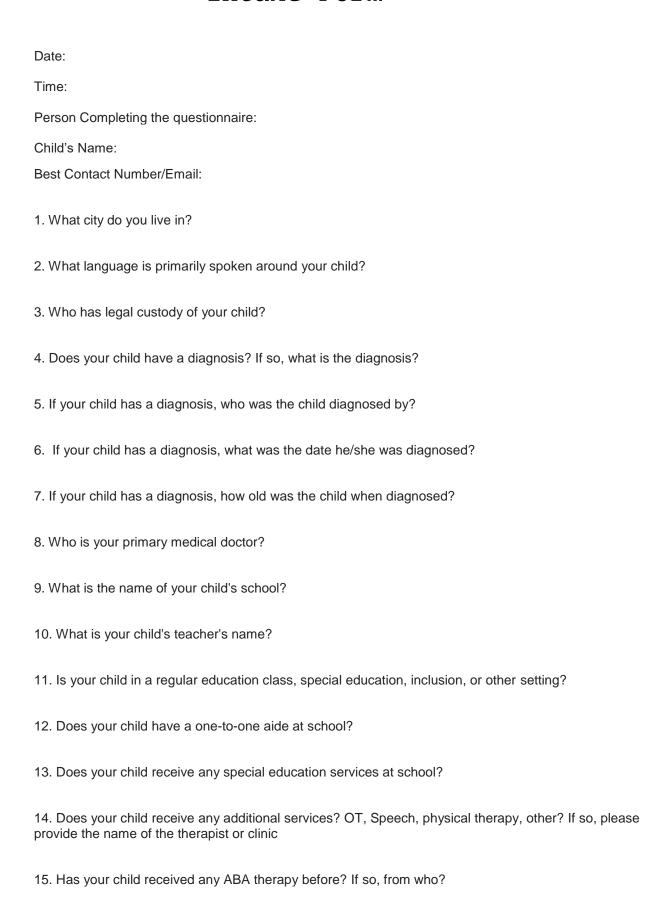
## Intake Form



16. Please provide an explanation of requested services (e.g., help my child communicate with others, decrease aggressive behaviors, etc.)
17. Name of insurance company.
18. Please list the person or facility that referred you to Golden Triangle Autism Center.
19. What is your child's date of birth?
20. Which of the following would you consider your child:
<ul> <li>nonverbal</li> <li>limited speech</li> <li>some words/sentences</li> <li>very verbal</li> </ul>