Private Pay / Community Program Inquiry Form

(For families inquiring about private pay and financial assistance programs)

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1. Family Information

- **Parent/Guardian Name:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Preferred Contact Method:** ☐ Phone ☐ Email ☐ Text

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2. Client Information

- **Child/Client Name:** _____
- **Date of Birth:** ____ / ____ / _____
- **Current School / Program (if applicable):** _____
- **Primary Language Spoken at Home:** _____

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3. Reason for Inquiry

☐ Behavior Support
☐ Communication or Social Skills
☐ Daily Living or Independence Skills
☐ Parent Coaching / Family Training
☐ School Readiness / Transitions
☐ Other: _____

Please describe briefly what kind of support you're looking for:

_____
_____
_____

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4. Previous Services or Evaluations (if any)

- Has your child received any behavioral, educational, or therapy services before?
  ☐ Yes ☐ No   If yes, please specify: _____
- Does your child have a current diagnosis?
  ☐ Yes ☐ No ☐ Prefer not to say
  (Note: A diagnosis is not required for private pay or community rate services.)

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5. Financial Information (for rate eligibility)

- **Estimated Household Annual Income:** $_____
- **Number of People in Household:** _____
- Would you like to be considered for the **Sliding Fee** or **Community Rate** program?
  ☐ Yes ☐ No ☐ Not sure yet

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6. Acknowledgment

This form is for inquiry purposes only and does not constitute a service agreement or clinical evaluation. Pacific Behavior Center will review this information to determine program eligibility and appropriate fee options. All information is kept confidential.

Signature: _____   **Date:** ____ / ____ / _____

How did you hear about us?
☐ Pediatrician / Healthcare Provider
☐ School / Teacher
☐ Family or Friend
☐ Online Search
☐ Social Media
☐ Community Event
☐ Other: _____

Office Use Only

Item	Staff Initials / Date	Notes
Received Inquiry Form		
Contacted Family		
Discussed Service Options		
Provided Sliding Fee / Community Rate Schedule		
Proof of Income Requested		
Proof of Income Received		
Eligibility Determined		
Fee Tier Assigned		

Notes: