



Service(s) Request
Rates effective 10/1/2021

Child's Name: _____ DOB: _____

Child's Current School: _____ Child's Current Grade: _____

Parent/Guardian Name: _____ Phone: _____ Email: _____

SCHOOL SERVICES

School Services Requested Start Date: _____

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include Students with Autism, Preschool/ Readiness, Aspire K-5, Elementary, Middle/High, Tuition options, and Classroom Aide.

Funding Sources: Self-Pay, NCSEAA Opportunity Scholarship, NCSEAA Disability Scholarship, NCSEAA Education Savings Account, State Funded Early Intervention Scholarship, ABC of NC Financial Aid, Other

SUPPLEMENTAL SCHOOL SERVICES

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include School Consultation, Recommendation Visit, Speech Therapy, Adaptive Martial Arts.

Funding Sources: Self-Pay, NCSEAA Opportunity Scholarship, NCSEAA Disability Scholarship, NCSEAA Education Savings Account, State Funded Early Intervention Scholarship, ABC of NC Financial Aid, Other

CLINICAL/PSYCHOLOGICAL SERVICES

May be covered through private health insurance and/or and subject to co-pays or co-insurance

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include 1:1 ABA* Therapy, Individual and Family Counseling/Psychotherapy.

*ABA: Applied Behavior Analysis

Funding Sources: Private Health Insurance, Medicaid, Self-Pay, Financial Aid, Other

SERVICES- TYPICALLY DEVELOPING PEERS

Table with 4 columns: SERVICE TYPE, RATE, COMMENTS. Rows include Preschool/ Readiness, Elementary.

SIGNATURE OF PARENT/GUARDIAN

DATE SUBMITTED

This is a request form only and not a guarantee of services. This form is not a replacement for any required financial aid/ scholarship applications, insurance company or other funders' requirements.

Return completed form to: Leigh Ellen Spencer leighellen.spencer@abcofnc.org