ABC of NC

Date/Time Received and Staff Initials
_____

Service(s) Request

Child's Name:_____ DOB:_____

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

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

SCHOOL SERVICES

Must select payment method

	SERVICE TYPE	MONTHLY TUITION	COMMENTS
	Full time student (6 hours per day)	$3,120	
	Modified school day (4 hours per day)	$2,080	
	Modified school day (2 hours per day)*	$1,040	
	1:1 Classroom Aide (6 hours/day, can be prorated)	$6,540	

*Only available if child is also receiving daily clinic-based ABA therapy at ABC of NC

☐ I plan to pay out of pocket for school services ☐ I plan to apply for financial assistance for school tuition support

CLINICAL SERVICES

Rates effective 10/1/2021

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

	SERVICE TYPE	RATE	COMMENTS
	1:1 Applied Behavior Analysis (ABA) Therapy with BCBA/BCaBA Consultation/Supervision/Treatment Planning	$100/ hour $170/hour	
	Individual and Family Counseling/Psychotherapy	$150/ session	

SUPPLEMENTAL SERVICES

	SERVICE TYPE	RATE	COMMENTS
	School Consultation (off-site) (Travel charges apply)	$170/ hour	
	Service Recommendation Visit	$170/ hour	

SERVICES- TYPICALLY DEVELOPING PEERS

	SERVICE TYPE	MONTHLY TUITION	COMMENTS
	Preschool (4 hours per day)	$240	
	Readiness (6 hours per day)	$355	

_____ _____

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