ABC of NC

Date/Time Received and Staff Initials

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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 (covers tuition and aide)	

*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	
	Diagnostic Evaluation	$160/ hour	
	Individual Counseling/Psychotherapy (30/45/60 minutes)	$100/ $150/ $175	
	Family Counseling/Psychotherapy	$150/ hour	

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	

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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