



St. Gerard House Waiting List

Please fill out this form to add your child on our waiting list for the Grotto program that serves ages 3 - 21. The Grotto Therapeutic Program is center-based only and located in Hendersonville, NC. Return the form via email to: Bertha Medina (bertha@stgerardhouse.org) or via mail: 620 Oakland Street, Hendersonville, NC 28791.

Date: _____

Parent Name _____ **Parent Phone # (s)** _____

Parent Email: _____ **Secondary Phone #** _____

Address: _____ **City/State:** _____ **Zip:** _____

County: _____

Do you reside within Hendersonville City Limits? Yes _____ No _____ Unsure _____

Client Name: _____ **Client's Date of Birth:** ____/____/____

Gender: ____ Male ____ Female **Household's Primary Language** _____

Are you interested in enrolling your child in our year round, ABA program?
____ Yes ____ No ____ Unsure, I will contact St. Gerard House with my questions

Insurance Information:

Primary Insurance Provider: _____

Patient Member ID# _____ **Group #** _____

Policy Holder Name: _____ **Relationship to Client:** _____

Do you know if your plan has ABA coverage? _____

Secondary Insurance Company: _____

Patient Member ID# _____ **Group #** _____

Policy Holder Name: _____ **Relationship to Client:** _____

Primary Care Physician: _____

Address: _____ Phone # _____

What is your child's primary diagnosis? Please provide other diagnostic level details if they apply. Provide as much detail as possible. If your child does not have a formal diagnosis please indicate that here.

How does your child communicate? (verbal, partially verbal, non verbal, sign language, etc) _____

Are they receiving other therapies or medical interventions? Please state what services they are receiving.

Does your child have a current IEP from NC? _____

What is the date of your child's most recent Psychological evaluation or diagnostic report?

In your opinion, where does your child need the most help?

Anything else you want us to know about your child?

St. Gerard House Waiting List Continued

Optional Demographics:

1. What gender does your child identify as?

- Male
- Female
- _____
- Prefer not to answer.

2. Please specify your ethnicity

- Caucasian
- African-American
- Latino or Hispanic
- Asian
- Native American
- Native Hawaiian or Pacific Islander
- Two or More
- Other/Unknown
- Prefer not to say

3. What is the highest degree or level of education of the child's primary caregiver?

- Some High School
- High School
- Bachelor's Degree
- Master's Degree
- Ph.D. or higher
- Trade School
- Prefer not to say

4. What is your total expected annual household income?

- Less than \$20,000
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$79,999
- \$80,000 or more