



# BEHAVIOR CHANGE INSTITUTE

## ABA Enrollment Application

Please complete the intake form as completely as possible and return it, along with a copy of the front/back of your insurance card to: Behavior Change Institute, LLC.

Mail: 4096 Piedmont Avenue # 161  
Oakland, CA 94611

Fax: (866) 273-2451

Email: info@behaviorchangeinstitute.com

### Child Information

---

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis \_\_\_\_\_

### Family Information

---

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Insurance Information

---

Name of Primary Insurance Provider: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*\*\* Please Attach a Copy of the Front and Back of Your Insurance Card \*\*\***

*Notice of Nondiscriminatory Policy as to Clients*

Behavior Change Institute, LLC. does not discriminate against any person on the basis of race, color, national origin, disability, sex or age in admission, treatment, or participation in its programs, services and activities.

