



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: 1200 N. White Sands Blvd, Suite 121
Alamogordo, NM 88310

Fax: (866) 608-5560

Email: FamilyServices@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.

