Program Enrollment Application

Greetings and a warm welcome to the first step of an exciting journey—your enrollment application with us! We're thrilled that you're considering Gem City Behavioral Solutions for your or your child's mental and behavioral healthcare needs.

At Gem City Behavioral Solutions, we're not just about providing mental and behavioral healthcare services; we're about empowering individuals to dream big, think creatively, and shape a future that's uniquely theirs.

This application isn't just about getting in; it's about finding the perfect match for you or your child's aspirations and goals. While we appreciate every application we receive, it's important to note that we carefully select individuals who are a good fit for our program. While we strive to provide exceptional services, we want to emphasize that we may not always be the best fit for everyone. Just like any service, we have our strengths, and there might be instances where another provider aligns better with you or your child's specific needs.

Our commitment is to the highest quality care that fits you or your child's specific needs, even if that means guiding you to a different provider which better suits you or your child. We value the trust you place in us and want to ensure you receive the highest level of service, even if it means exploring alternative options.

If, for any reason, your application does not proceed to the next stage, please understand that this is not a decision we take lightly. There are many paths to receiving services, and we encourage you to explore other avenues that align with your goals and aspirations.

We appreciate your understanding and the effort you've put into your application. Regardless of the outcome, we wish you continued success in you or your child's personal endeavors.

– The Gem City Behavioral Solutions Team

Important Notes

- Completing this application does not guarantee placement.
- For in-home services, an individual over the age of 18 who is responsible for the individual receiving services must be present in the home, but not necessarily involved in the session, while therapy is taking place. This can include a parent, grandparent, babysitter, Respite Care provider, sibling, or other trusted family member or family friend.
- Therapists are not permitted to transport individuals.
- Official documentation of diagnosis (i.e. diagnosis evaluation report) from the individual's medical physician must be provided before services can begin.
- Some insurance companies may have restrictions or coverage limitations on the type and/or amount of therapy which can be provided. During our funding verification process, we will receive this information but please check your insurance policy for more details.
- The number of sessions per week and the length of each session is individualized to your child's needs and availability. In-clinic sessions are available for most circumstances but are strongly recommended for individuals who are receiving services less than 6 hours per week.
- The enrollment process can take between 6 or more weeks to complete depending on insurance requirements, previous services, and availability.

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Basic Information

Full Name:	Nickname:

Date of Birth:	Age:	Home Address:

Primary Contact #1:	Primary Contact #2:
Name:	Name:
Phone Number:	Phone Number:
Email:	Email:
Does this person have permission to pick up the client from the clinic? [ ] Yes [ ] No	Does this person have permission to pick up the client from the clinic? [ ] Yes [ ] No

What are your child's allergies and other pre-existing medical conditions? (if none, please put N/A)

What medications your child is currently receiving? (include the dosage amount)

Service Information

What services are you interest in (Check all that apply):

[ ] Applied Behavior Analysis (ABA) [ ] Alternative Education [ ] Mental Health

Service	Previously received this service?	Currently receiving this service?	If yes to **either** of the first two columns		
			Name of agency	How long were services rendered?	Has there been a lapse in services?
Behavioral Therapy					
Alternative Education					
Mental Health					
Occupational Therapy					
Physical Therapy					
Speech Therapy					
Other					

Funding Source (Check all that apply):

[ ] Insurance [ ] Ohio Alternative Education Program(s) [ ] Private Pay [ ] Medicaid

Primary Insurance Information

Coverage Provider:	Policy or Medicaid #:	
Policy Holder Name:	Policy Holder Birthdate:	Group #:

Diagnostic Information

What is your child's current diagnosis?	
At what age or date was your child diagnosed?	
Who was the diagnosing physician?	
Who is your child's current physician?	

Family Life

Who currently lives with the child?

Name	Relationship with child	Age

Additional information can be given during consultation

Is there a history of developmental disorders in the family?

[ ] No [ ] Yes, please provide details: _____

Are there any current stressors or recent changes in the family?

[ ] No [ ] Yes, please provide details: _____

Are there any cultural, language, religious restrictions we should be aware of?

[ ] No [ ] Yes, please provide details: _____

Education Information

Name of School	
Type of School	[ ] Public [ ] Private [ ] Homeschool [ ] Online [ ] Other
Current Grade	
Days and Times Attending School	
Currently on an IEP or AEP?	[ ] No [ ] Yes, dates effective:
Receive in-school services? (OT, PT, Speech, APE, etc.)	[ ] No [ ] Yes, please provide details:

Behavioral Information

Describe your child's areas of strength as well as some items, tasks, or activities your child enjoys.

Briefly describe your child's areas of difficulty as well as any behaviors of interest. Please include any relevant information on behavioral intensity, known triggers, as well as methods used to calm your child.

What are your top 5 goals for your child?

1	
2	
3	
4	
5	

As a parent, how would you like to contribute to your child's treatment?

Scheduling Information

Check all boxes of your availability:

	Mornings 9am – 12pm	Afternoons 12pm – 3pm	Evenings 3pm – 6pm
Mondays			
Tuesdays			
Wednesdays			
Thursdays			
Fridays			

Please note: We will accommodate your availability wherever possible but in some cases this may not be feasible. In these cases, alternative days, times, locations, and/or therapists may be offered.

Please provide additional information on any factors which may temporarily change your availability:

PLEASE SEND COMPLETED APPLICATIONS TO:

admin@gemcitybehavior.com or atompkins@gemcitybehavior.com