

**Abilities First 2024 Summer Program Application Form**  
**Therapy Program dates: May 20 – August 9, 2024**  
**Summer Fun for Children with Autism dates: May 28 – August 1, 2024**

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you find out about Abilities First? \_\_\_\_\_

Main concerns for your child: \_\_\_\_\_

I am interested in the following for my child:

**Individual**

- Physical Therapy
- Occupational Therapy
- Speech Therapy

**Group/Camp**

- Social Skills
- Camp Connect
- OT Club

- Private Adaptive Yoga
- School Readiness
- Summer Fun for Children with Autism

*Therapist(s) will screen or evaluate your child to determine if participation in the Summer Therapy program will be beneficial.*

Current IFSP, IEP and/or evaluation?

Yes  No

If yes, indicate which therapy:

Physical  Occupational  Speech-Language  
If yes, we will need a copy for our records.

Indicate your funding sources:

- Insurance
- Medicaid
- CareSource
- United Healthcare Community Plan
- BCMH
- Self Pay
- School District
- Family Resources Voucher

*Please note that some insurance companies may cover the cost of individual and/or group therapy for children with a medical diagnosis and statement of medical necessity from your physician. We will assist in processing claims.*

Physician's Name: \_\_\_\_\_

Does your child have a physician's referral for any of the following therapies?

Please indicate:  Physical  Occupational  Speech Language

Please list all related medical diagnoses:

***Please respond quickly, as enrollment is limited!***

Application form can be **mailed** to: Abilities First  
Lacey Steele  
4710 Timber Trail Drive  
Middletown OH 45044

**Emailed** to: Intake@abilitiesfirst.org  
(Not HIPAA secure)

**Faxed** to: 513-727-3806

If you have any questions, please call: **Lacey Steele, Program Coordinator/Intake**  
**513-423-9496 Ext. 226**

***This application form must be at Abilities First no later than Friday, May 10, 2024***