

THE GOLDEN KEY
CENTER FOR EXCEPTIONAL CHILDREN
APPLICATION FOR AUTISM

NAME OF PERSON IN NEED: _____

DATE: _____ SEX M/F: _____

If in a School or a Day Program, include Name: _____

PRIMARY DIAGNOSIS: _____

SECONDARY DIAGNOSIS: _____

PARENTS' NAME'S

MOTHER: _____ FATHER: _____

HOME ADDRESS: _____ CITY _____

STATE: _____ ZIP: _____ PHONE (____) _____ WORK(____) _____

EMAIL: _____

This information is required in order for application to be processed.

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: _____

What services are you interested in?

- RDI
- ABA
- Tutoring after school
- Assessment
- In-services