Please note:

- Applications will be reviewed in the order in which they are received.
- To guarantee that your application is reviewed you must return **this** application and required documents to continue in the application process.

Office Use Only:
Date Received:
Time Received:

	at Michigan State University			
	cation Form 146 Fast Lansing MI 48824			
620 Farm Lane, Room 146, East Lansing, MI, 48824 Questions?				
Call 5	17-884-1882			
Child's Name:				
	Gender (circle): Male Female			
Child's Birth Date:	Child's Social Security Number (req'd for			
Child's Age:	insurance verification):			
County of Residence:				
Parent/Guardian Name:				
Address:	Phone: (Home)			
	(Cell)			
	(Work)			
	Email:			
How were you referred to our program?				
	Information			
Household Members: List name, age, and relation to child				
Others who care for child: List name, age, and relation to child				
Child's Health Information				
Does your child have any significant hea	Ith conditions? ☐ NO ☐ YES (please describe)			
Does your child take medication? □No □ Yes				
Medication	Dosage			
Prescribing Doctor				
Information we need to know:				
Primary care physician: Doctor	Practice			

Address:
Phone:
Insurance Information
Primary Insurance Information:
Insurance Company: Renewal Date:
ID Number: Group Number:
Insurance Phone Number: Contact Name:
Insurance subscriber name:
Subscriber's Social Security number / Date of Birth:
Relationship to Child:
Transferred to orman
Clinical Information
Please provide your child's current diagnosis:
Who conducted the evaluation:
***Please attach copy of psychological evaluation completed by an Approved Autism
Center of Excellence
Communication
Communication skills: Is your child (circle) Verbal Nonverbal
Describe level of communication (circle):
· · ·
Approximations Single words Short phrases Conversational
Does your child use alternative methods to communication (circle all that apply):
Picture exchange Sign language Pulling adults Pointing Electronic device (e.g., iPad)
ricture exchange Sign language rulling addits rolliting Electronic device (e.g., ir ad)
Behavioral Information
Does your child demonstrate any of the following?
Aggression: □ No □ Yes Describe:
Tantrums: ☐ No ☐ Yes Describe:
Tantianis. — 140 — 163 Describe.
Fears/Anxiety: ☐ No ☐ Yes Describe:

Intense/Unusual Interests: ☐ No ☐ Yes Describe:		
Repetitive Behaviors: □ No □ Yes Describe:		
Property Destruction: ☐ No ☐ Yes Describe:		
Social deficits / difficulty with peers: ☐ No ☐ Yes Describe:		
Educational Issues: No Yes Describe:		
Describe any other behavioral concerns you have:		
Overall Health and Self-Care		
Identify any concerns with the following for your child Feeding/Eating: □ No □ Yes Describe:		
recuirg/Lating 140 - 163 Describe.		
Sleep issues: □ No □ Yes Describe:		
Toileting: ☐ No ☐ Yes Describe:		
Concerns regarding sibling interactions: □ N/A □ No □ Yes Describe:		
Other concerns not noted above:		
Does your child nap: ☐ No ☐ Yes If yes, what time and how long:		
Child and Family Strengths		
Child:		

Family:					
NA/ - ' I - I	1/5	Availability for P			
					all programming. Please tute or for us to come to
your home:	iiu u	Thes you are available	e to come to	uie iiisu	tate of for as to come to
		In School			In Home
		ese trainings would be sche 30am to 4:00pm and take pla			tings would be scheduled after n and take place in your home)
Monday:					
Tuesday:					
Wednesday:					
Thursday:					
Friday:					
Saturday:					
Saturday.					
Sunday:					
		Current an	d Past Serv	ices	
Services		Agency	Contact N		Service Dates
Received			and Nun	nber	

Case Management (example: Early On, Social Work, CMH)		
School Setting		
Inpatient Hospitalization		
Occupational therapy		
Speech therapy		
Physical therapy		
Other (examples: diets, chelation, animal therapy, sensory integration)		

Completed Application Checklist Please submit the following required documents 1. This completed application 2. AAEC Evaluation (confirming ASD diagnosis)
Submit to: Attn: ELI APPLICATION 620 Farm Lane, Room 146 East Lansing, MI 48824 OR
□ Fax to: (517) 884-3078