

# ADAPTIVE SKILL BUILDING

## Service Inquiry Form



Child's Name: \_\_\_\_\_  
Last Middle First

Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_

Does your child receive private insurance benefits?  Yes  No

Does your child receive Supplemental Security Income?  Yes  No

If no, have you applied for SSI?  Yes  No

Does your child receive Medicaid benefits?  Yes  No

If yes, did your child access, or is your child currently accessing services through the 0-5 ASB program?  Yes, for \_\_\_ months.  No

Please select one option for each of the following New Mexico waiver programs:

DD Waiver:

Receiving waiver services: (please indicate)  Traditional  Mi Via

Applied and waiting to hear back

Applied and currently on waitlist

Applied and denied

Never applied

Are there other waiver or financial support programs to which you've applied?  Yes  No

If yes, please indicate: \_\_\_\_\_

If your child is *currently* receiving non-school-based services, please indicate the type and provider:

- Speech and Language Therapy \_\_\_\_\_
- Occupational Therapy \_\_\_\_\_
- Physical Therapy \_\_\_\_\_
- Social Skills Group \_\_\_\_\_
- Applied Behavior Analysis (ABA) \_\_\_\_\_
- Behavior Management Services (BMS) \_\_\_\_\_
- Family Therapy \_\_\_\_\_
- Social Work \_\_\_\_\_
- Respite (general) \_\_\_\_\_
- Recreational Respite (autism-specific) \_\_\_\_\_
- Other \_\_\_\_\_

*If you need assistance completing this form, please call the ASB program at the CDD: 1-800-270-1861.*

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date