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

____________________________________________________________

____________________________________________________________

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____________________________________________________________

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

__________________________________________________________________________

Signature of Legal Guardian Date