



**INFINITE RAINBOW
BEHAVIOR SOLUTIONS**

ABA REGISTRATION FORM



Welcome to Infinite Rainbow Behaviors Solutions!

Thank you for your interest in our clinical services at Infinite Rainbow Behavior Solutions (IRBS)! IRBS provides comprehensive services for children and adults diagnosed with autism and other developmental disabilities. To help in the first few steps of the intake process, here is a little bit of information about our ABA services and the intake process.

Filling out the Client Registration Form provides us with sufficient information to assess how we can be of service and get you on the right waitlist(s) for services. Below we have provided a list of our services and brief descriptions of each to aid in deciding what services you may be interested in pursuing with Infinite Rainbow Behavior Solutions:

- ❖ **A.**
 - **Focused Applied Behavior Analysis (ABA) Services:** Our Board-Certified Behavior Analysts (BCBAs) provide evidence-based treatment based on the principles of applied behavioral analysis (ABA), to identify individualized goals to support skill acquisition and address challenging behaviors, develop learning activities, and support individuals with autism in a variety of settings.
 - Includes mandatory problem-focused parent coaching
 - Can include school consultations and/or school observations
 - Services can be delivered in a variety of settings
 - In-home, school, and/or community outings
 - Magnitude of hours is relatively low: 10-25 hours a week (more hours can be accommodated according to hours prescribed)
- ❖ **B.**
 - **Comprehensive (intensive) in-Home ABA Program:** Our Board-Certified Behavior Analysts (BCBAs) provide evidence-based treatment based on the principles of applied behavioral analysis (ABA), to identify individualized goals to support skill acquisition and address challenging behaviors, develop learning activities, and support individuals with autism at home.
 - Includes mandatory problem-focused parent coaching
 - Can include school consultations and/or school observations
 - Services take place in-home, some community outings can be scheduled
 - Magnitude of hours: 30+ hours a week.
- ❖ **C.**
 - **Parent Coaching:** Our Board-Certified Behavior Analysts (BCBAs) provide evidence-based treatment based on the principles of applied behavioral analysis (ABA), to create individualized ABA-based techniques and interventions plans to guide and support parent/guardian to address challenging behaviors, communication skills and/or increase independence with daily skills.
 - Parent coaching can occur in-person or remote
 - Magnitude of hour: As low as 1 hour a week



Client Information

Full Client Name:

_____ **DOB:** _____
First Name Last Name MI.

Address:

_____ **Country**
Street name City State

Gender: Male Female Other

Parent/Guardian Information

Parent/Guardian 1

Full Name:

_____ **DOB:** _____
First Name Last Name MI.

Address:

_____ **Country**
Street name City State Zip code

Email: _____

Phone: _____

Parent/Guardian 2

Full Name:

_____ **DOB:** _____
First Name Last Name MI.

Address:

_____ **Country**
Street name City State Zip code

Email: _____

Phone: _____

Insurance Information (if applicable)

Insurance Provider:

_____ **Group Number**
Insurance ID Number



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Name of Subscriber: _____ **Subscriber DOB:** _____
First Name Last Name MI.

Address: _____
Street name City State Zip code Country

Email: _____ **Phone:** _____

Employer: _____ **Insurance Customer Service Phone #:** _____

Secondary insurance

Insurance Provider: _____
Insurance ID Number Group Number

Name of Subscriber: _____ **Subscriber DOB:** _____
First Name Last Name MI.

Address: _____
Street name City State Zip code Country

Email: _____ **Phone:** _____

Employer: _____ **Insurance Customer Service Phone #:** _____

Hours of availability

Please mark the times you and the client **ARE** available for services

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am					
9:00 am					
10:00 am					
11:00 am					
12:00 pm					
1:00 pm					



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2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					
6:00 pm					

To further assist you, please include all the following:

1. Registration Form (this form)
2. Client Referral Form- this can be completed by your child's diagnosing professional
3. Copy of your insurance card (front AND back)

Infinite Rainbow Behavior Solutions seeks an initial authorization/pre-approval from payor/insurance company prior to any assessment, therapy, or other service being provided. Once we receive all the documents listed above, please allow our intake coordinator a week to contact you with more information about our waitlist, expected wait time into active care and resources available to you during this time. Thereafter, you will be provided a Client Intake Packet specific to the service(s) you have expressed interest in. These forms will provide the clinician with important information about the client and as such, we require that the additional paperwork be turned in prior to scheduling.

We want to thank you again for your interest in our services. Please don't hesitate to contact the intake coordinator with any questions or concerns, we are here to help! We look forward to working with you and your family!

IRBS Intake Team

Email: intake@irbs-aba.com