



**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.

Please select which of the services you'd like below.

- ❖  **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:** \_\_\_\_\_  
Street name City State Country

**Gender:**  Male  Female  Other

### Parent/Guardian Information

Parent/Guardian 1

**Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Name Last Name MI.

**Address:** \_\_\_\_\_  
Street name City State Zip code Country

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Parent/Guardian 2

**Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
First Name Last Name MI.

**Address:** \_\_\_\_\_  
Street name City State Zip code Country

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Insurance Information (if applicable)

**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 #:** \_\_\_\_\_

**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 blocks you and the client **ARE** available for services with an "X"

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am – 12:00 pm					
12:00 pm – 3:00 pm					
3:00 pm - 6:00 pm					

**To further assist you, please include all the following:**

- 1. Registration Form (this form)**
- 2. Diagnostic Evaluation (for every diagnosis including Autism)**
- 3. Client Referral Form- this is usually provided by your child’s diagnosing professional**
- 4. 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 information about copays (if applicable).

We understand that waitlists can be lengthy. During your wait time, please use the following resources available to you immediately:

- ❖ The Washington State Health Care Authority has a comprehensive list of Centers of Excellence for Autism at:
  - [http://www.hca.wa.gov/medicaid/abatherapy/Documents/HCA\\_Centers\\_of\\_Excellence\\_for\\_ASD.pdf](http://www.hca.wa.gov/medicaid/abatherapy/Documents/HCA_Centers_of_Excellence_for_ASD.pdf)
- ❖ JBLM Center for Autism Resources, Education and Services (CARES)
  - They offer occupational, physical and speech therapy, ABA, respite care and more
  - Their mission is to provide transitional autism support treatment and services for patients who are on waitlists with any other agency.  
Phone: (253) 968-7924
- ❖ Many other resources can be found on our website:
  - <https://infiniterainbowsolutions.com/resources/>

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!

Intake Coordinator  
Email: [intake@irbs-aba.com](mailto:intake@irbs-aba.com)