**Group Referral**

**$25/session private pay; all others $40**

***Referring Party***

**Name**: **Relationship**: **Email**:

***Financial Responsibility (Billing) – circle one* Private Pay Residential Contract Waiver**

**Private Pay/Residential Contract Representative**

**Name**: **Relationship**: **Email**:

***Client Information***

**Name**: **DOB**: **Address**:

**Phone**: **Email:**

***Does the person have functional expressive language? Does the person have the ability and support to attend online sessions?***

***Is the person, family, or residential provider willing to contract for the service?***

***Are there any behavioral, trauma or other concerns?***

***If “yes” please explain:***