St. Gerard House Waiting List

Please fill out this form to add your child on our waiting list for the Grotto program that serves ages 3 - 21. The Grotto Therapeutic Program is center-based only and located in Hendersonville, NC. Return the form via email to: Bertha Medina (bertha@stgerardhouse.org) or via mail: 620 Oakland Street, Hendersonville, NC 28791.

Parent Name _____ Parent Phone # (s) _____

Parent Email: _____ Secondary Phone # _____

Client Name: _____ Client's Date of Birth: ____/_____/_____

Gender: ____ Male ____ Female Household's Primary Language _____

Are you interested in enrolling your child in our year round, ABA program?
_____ Yes _____ No _____ Unsure, I will contact St. Gerard House with my questions

Insurance Information:

Primary Insurance Provider: _____

Patient Member ID# _____ Group # _____

Policy Holder Name: _____ Relationship to Client: _____

Do you know if your plan has ABA coverage? _____

Secondary Insurance Company: _____

Patient Member ID# _____ Group # _____

Policy Holder Name: _____ Relationship to Client: _____

Primary Care Physician: _____

Address:_____ Phone # _____

What is your child's primary diagnosis? Please provide other diagnostic level details if they apply. Provide as much detail as possible. If your child does not have a formal diagnosis please indicate that here.

_____

_____

_____

How does your child communicate? (verbal, partially verbal, non verbal, sign language, etc) _____

_____

_____

Are they receiving other therapies or medical interventions? Please state what services they are receiving.

_____

_____

Does your child have a current IEP from NC?_____

What is the date of your child's most recent Psychological evaluation or diagnostic report?

_____

In your opinion, where does your child need the most help?

_____

_____

_____

Anything else you want us to know about your child?

_____

_____

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