



## Information Required to be Placed on the Waiting List

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Thank you for your interest in receiving the following service:**

- Individual** Speech-Language Therapy
- Group** Speech-Language Therapy

We must receive the following information before your name/child’s name will be placed on the waiting list for services:

- A copy of an evaluation report or Individual Education Plan from school (testing cannot be more than 12 months old)
- Paperwork (Release of Information, History, Questionnaire)
- Signed Fee Agreement
- A copy of insurance card (front & back along with primary cardholder’s name and birth date)
- Funding letter from outside source (s) (i.e. BCMC, BEIS, other \_\_\_\_\_), *if applicable*
- Autism Scholarship letter, *if applicable*

Please return the requested information by \_\_\_\_\_. If we do not hear from you, we will assume you are no longer interested in services. Feel free to call our Business Office at 614-263-5151 with any questions.

- *After being placed on the waiting list, you will be contacted as soon as an opening that matches your availability occurs. You are welcome to call 614-261-5428 any time to check on your status.*

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