Name of Client

Name of PhD Over Case \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of BCBA and or BCaBA on Case\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Client Paperwork/Consents for Treatment**

|  |  |
| --- | --- |
| **X** | **Required Client Paperwork** |
|  | Behavior Analyst Expectations |
|  | Behavior Assistant Expectations |
|  | COMPANY NAME Abuse & Neglect Policy |
|  | COMPANY NAME Authorization to release information |
|  | COMPANY NAME Client Bill of Rights |
|  | COMPANY NAME Client Information Form |
|  | COMPANY NAME First Aid Release Form |
|  | COMPANY NAME Steps for Submitting Grievance |
|  | COMPANY NAME Title VI Signature Page |
|  | Informed Consent for Treatment |
|  | Grant FBA – If completed |
|  | Grant BASP |
|  | Grant – Approval for services (Every 90 Days) |
|  | Excel Spreadsheet of due dates |
|  | Copy of Excel billing spreadsheets |