

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
	our child in our year round, ABA program? 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 AB	A 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?