Phone: 502.550.2525
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PARTNERS IN COMMUNICATION, INC

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INQUIRY / SERVICE REQUEST FORM

Please complete the following to request a service through PIC. If a service provider is not immediately available, you will be placed on a waiting list for your area. You will be contacted when a service provider is available to meet your needs.

Date:	CLIENT Name :
CLIENT Address: Street	CASE MANAGER / CONTACT Name:
City , State, Zip:	CASE MANAGER / CONTACT Email Address:
CLIENT Age:	CASE MANAGER / CONTACT Agency:
CLIENT Diagnoses (if any):	CASE MANAGER / CONTACT Phone Number:
CLIENT Living Arrangements: ☐Alone ☐With Spouse ☐Other_____ ☐Parents ☐Group Home	Is Client CURRENTLY receiving Waiver services or desiring to use Insurance funds? ☐ No ☐Yes: ☐ SCL ☐ Medicare ☐ ABI ☐ Private Insurance ☐ Michelle P. ☐ Other:_____
PARENT / CAREGIVER Name:	If client is NOT eligible for therapies through insurances or waiver programs, does client / caregiver agree to self-pay (pay out-of-pocket) for services? ☐ Yes ☐ No
PARENT / CAREGIVER Phone Number &/or E-mail Address:	DAYS & TIMES Client is AVAILABLE (Be Specific) :
Service(s) interested in: ☐ Speech-Language Pathology ☐ Occupational Therapy ☐ Physical Therapy	How did you hear about PIC?
NOTES / COMENTS / REQUESTS :	
Staff person completing &/or reviewing form:	