



CLIENT AVAILABILITY FOR SERVICES

Clients First Name : _____ Last Name : _____

Date of Birth (MM/DD/YY): ____ / ____ / ____ Age : _____

Parent First Name : _____ Last Name : _____

Best Contact Number:(____)_____ **Email:**_____

Current Availability: (Pls notify us immediately if this schedule changes)

As of, _____20____, My child is available to be serviced the following days/times:

***AKA service hours:** 10a - 7p Mon - Fri & 9a - 5p Sat - Sun

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM						
PM						

Parent Signature:_____ **Date:** _____

Staff Initials: _____ **Date:** _____

Assigned Clinician:_____ **First Appt Scheduled On:** _____