



Arizona Autism United
 5025 E Washington St
 Suite 212
 Phoenix, AZ 85034

Family Matching Information

Child's Name:	Age:	Phone Number:
Parent's Name:	Email:	
Child's Home Address:	Major Cross Streets:	

Do you **already have** a provider that is interested in working for AZA United? Yes No
If yes, what is the provider's name and phone number? _____

Are you looking for a **new provider** to work with your child? Yes No *(if no, stop here and sign at the bottom)*

How many **hours per week** do you need for each service? _____ *Habilitation* _____ *Respite* _____ *Attendant Care*

Has your child ever received these services before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the provider need to drive with your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the provider need to administer any medication ? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>	<i>Sun</i>
What times do you need for each day?							
Which services?							

List any specific **requirements** for your child's program. Please note that we try to give each family as many options as possible to find a good match for your child, so more requirements will mean fewer available providers.

Previous habilitation experience *Will change diapers* *Client Intervention Training (CIT)*
 Will participate in potty training *Other:*

****Please note we do NOT accept discriminatory criteria, including race, color, national origin, gender, age and religion.****

Once we receive this form, we will search for available providers for your family. Every effort will be made to honor these requests; however, **we cannot guarantee that we will have providers available that exactly match your criteria.** We will contact you if we have a possible match so that you can meet with the provider first. You can always decide not to accept a match without giving us a reason. A match is only made when both the provider and the family agree that it is a good fit. Always contact us within 24 hours of meeting a provider to tell us your decision. Please also remember to let us know when you no longer need additional providers for your family. Contact us any time you have questions.

Parent Signature: _____

Date: _____

<p><i>For office use only:</i></p> <p>Hab M? _____ Date added: _____ ANC Auth: Pending / Current</p>
--

(602) 773-5773 [office]
 (602) 273-9108 [fax]
www.AZAUnited.org