



Gulf Coast Education Solutions

Specialized Services for Exceptional Learners!

Office: (228) 357-5671
Fax: (228)-357-5708
15489 Dedeaux Rd.
Gulfport, MS 39503
www.gulfcostedsolutions.com

Intake Application for Services

Child Name: _____

D.O.B. _____ Age/Grade: _____ Gender: Male Female

Address: _____

Parent/Guardian: _____ Relationship: _____

Child resides with: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Preferred method of contact: Phone/Voicemail Text Email

How did you hear about us? _____

What types of service(s) are you interested in? _____

PAYMENT INFORMATION

Preferred method of payment: Check Cash Credit/Debit

(Please complete attached Financial Agreement)

DIAGNOSTICS

Has your child had an evaluation for any type of disability? _____ If yes, please list all diagnoses your child has received, who conducted the evaluation, and approximate date of diagnosis:

| DIAGNOSES | EVALUATOR | DATE |
|-----------|-----------|------|
| | | |
| | | |
| | | |

Does your child need an evaluation? _____ If yes, list evaluation needed or suspected area of disability/impairment:



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Describe problems observed:

Any health concerns (physical, mental, emotional)?

Is there any additional information you would like to share that would help us in determining the most appropriate services for your child?

SCHOOL INFORMATION

School Name/H.S program used:

Is your child in Pre-school Public School Homeschool Private School No School

Classroom Setting: Regular Classroom Self-contained Classroom Resource room (partially mainstreamed)

Other:

Please list the main difficulties your child has in school:



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Please mark the typical grades of your child: Above average Average Below Average N/A

Have you seen any changes in grades recently? Yes No

If a change has been seen, in what way has it changed?

MEDICATION

List any medications that client is taking (prescribed or over the counter):

| Name of Medication | Dosage | Purpose | | Date Started |
|--------------------|--------|---------|--|--------------|
| | | | | |
| | | | | |
| | | | | |

Allergy Information:

Please list all allergies to food or medication:

Describe any major life event or changes in the family situation that may have affected your child (e.g. abuse, accident, change in guardianship, death, divorce, economic hardship, remarriage, etc.)

FINANCIAL AGREEMENT

Credit Card Requirement

At the start of services, a credit card **must** be put on file with authorization for charges to be made.* A credit card is required of all private pay and insurance covered clients in order to cover deductibles, co-pays and cancellations fees. GCES is able to process Visa, Mastercard, American Express, or Discover cards for payment. GCES is able to accept a debit card or a Health Savings Account (HAS) or Flex Plan card, if the card has a Visa logo. In the event your credit card expires or is unable to be charged, GCES will contact you to request a new credit card to be placed on file. A new card must be placed on file within 30 days of this request; follow up appointments will not be scheduled until this information is obtained. GCES will notify cardholders when the credit card on file is charged.

*A bank or savings draft may be substituted for a credit card. *This requirement may be waived in special situations.

Payments

Preferred Method of Payment: Bank Draft or Credit/Debit Card

Bank Draft:

Bank Name: _____
Routing Number: _____
Account Number: _____
Bank Account Type: _____ Checking _____ Savings

Credit/Debit Card Draft:

Name on Card: _____
Card Type: _____
Card Number: _____
Card Expiration: _____/_____
Card CVC: _____

NOTE: Please return the completed copy of this authorization form with a voided check, a copy of your savings account card, or a savings deposit slip with printed account number on it.

Billing Timeline

Payment is due at time of service for self pay clients, unless other arrangements have been made. Tuition fees and therapy fees are billed on a monthly basis and will be due on the first business day of each month. Fees not paid by the 7th day of each month will be considered late and a late fee will apply.

Deductibles and copays may need to be paid at time of service. Special arrangements may be made to pay deductibles and copays. This will be on a case by case basis.

Delinquent Accounts

Payments are due and will be processed on the first business day of each month. Payments not received by the 7th business day of the month will result in a **late charge of \$15.00**. In the event of an outstanding balance at the end of the month, an "outstanding balance charge" of 1.5% of the total bill will be charged for each month that the bill remains unpaid. If payments are in arrears, a payment plan may be arranged in a separate contractual agreement. Balances older than 90 days will be submitted to a collection agency unless a payment plan has been completed and signed.

Service Fee Agreement

I, _____, agree to accept responsibility of payment for the service:

_____ in the amount of

\$_____ session/week/month. Payments will be made **daily/weekly/monthly** beginning on

_____.

Failure to make payments will result in the payment and late fees being automatically charged to your credit card held on file or drafted from your checking or savings account within 5 business days of the due date.

Special accommodations include: _____

Authorization Terms and Conditions: By returning the completed Financial Agreement with Gulf Coast Education Solutions, you agree to make above listed payments and/or authorize the facility to automatically debit your checking, savings, or credit/debit card account on approximately the first business day of every month. This authorization applies to the account shown on the enclosed check, savings slip or card number and to any future account you may designate by updating your information. Gulf Coast Education Solutions has the right to terminate this payment option at any time. If the draft is returned, you will be required to pay the amount of the bank transaction plus a return fee of \$35.00 in cash. All charges, terms and conditions are subject to change. You understand and agree that Gulf Coast Education Solutions is not liable for any erroneous bills or incorrect debits to your account, nor are we responsible for any bank fees as a result of this program. Gulf Coast Education Solutions reserves the right to terminate option if bank returns your payment. If your payment is returned three times, you must pay the full amount due at that time in order to continue services.

Signature: _____

Date: ____/____/____

I acknowledge that I have read, understand, and agree to abide with all aspects of the **FINANCIAL AGREEMENT** explained above. _____ (Initial here)

*****PLEASE ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP IF USING BANK DRAFT FOR PAYMENTS*****