

## Adult Treatment Application Form

Our adult sessions will provide opportunities for our clients to explore concepts and develop tools to address various areas of social thinking. Some of those areas include:

- Perspective Taking
- Personal Problem Solving
- Self-advocacy
- Related Social Anxiety
- Organizational Skills and
- Social communication and advanced social relationship skills for use in the work setting, home, college campus and community.

Many adults are seen in individual sessions to explore their very specific individual needs. However, we also provide Social Learning Group treatment if we find clients who are a good match for one another. We DO NOT group people simply by diagnostic label or by the time slot they are available to come to group. Instead, we thoroughly review all the information we have available to determine if and when we have a match for a group. We prefer to meet adults first or at least talk with them over the phone before determining what type of session is best (group or individual). If you have previous treatment or diagnostic reports available, please attach a copy as well as a written letter from you or a trusted friend or family member. This will help us better understand why you are seeking treatment. We work hard to develop and provide appropriate individual treatment to foster social learning and anxiety management. Regular attendance for individual or group sessions is key.

To apply for services please complete the form on the following page and mail or fax along with any reports and letters.

Cost of the Program	
1 hour group session	\$55.00/hour
1 hour individual	\$85.00/hour

## **Billing**

Individuals are billed for therapy services at the end of each month. You will receive an invoice in the mail. Payments are due by the 20<sup>th</sup> each month. A late payment penalty of 10% per annum will be charged past this time. Please make check out to: The Social Learning Connection.

We do not sign contracts with insurance companies, nor do we accept payment from insurance companies; however we can assist you with submitting insurance forms and coding invoices based on the therapist's recommendations.

## **Discontinuing the Program**

If you need to discontinue sessions for any reason, we ask that you give us two weeks' notice.



Name:			Age:	Date of Birth:
Address:				Telephone:
City:	_ State:	_Zip:		Cell:
Email:				Email:

My Motivation doe seeking treatment

- □ Help holding/keeping a job
- □ Social networking and developing social relationships in the community and/or at work
- □ Learning coping and social thinking and related social skills for use on college campus
- □ Organizational Skills

 $\Box$  Specific vocational and life skills training for living with increasing independence at home, work and community

 $\Box$  Other:

Group/or Individual Request

 $\Box$  I am interested in group sessions.

 $\Box$  I am interested in individual sessions.

 $\Box$  I am interested in group and individual sessions.

<u>Availability</u> Therapy sessions are typically one hour, one time weekly. Please indicate time and days by circling when you are available to come in for one hour sessions:

	Please circle the days and times you are available at the times listed on the left					
4:00 pm	Monday	Tuesday	Wednesday	Thursday	Friday	
5:00 pm	Monday	Tuesday	Wednesday	Thursday	Friday	
6:00 pm	Monday	Tuesday	Wednesday	Thursday	Friday	
Other:	Please speci	fy-				

If you have specific questions about treatment, please email Amanda Glass Doro at info@SocialLearningConnection.com .