



ABA Clinic Location Acknowledgment

Client Name: _____ **Date of Birth:** ____/____/____

Client and staff geographical locations are considered when determining client services and staffing of ABA services. These services are subject to change according to clinic availability (if served in the clinic) as well as client or staff relocations. Exceptions to our Bellingham-based service area are made on a case-by-case basis and are considered temporary accommodation based on the current proximity and availability of direct staff members and the case supervisor. We will make every effort to ensure consistency of support and develop a plan for alternatives if we are unable to continue providing direct services in the current location.

You are confirmed to receive services in our Bellingham clinic at this time, but long-term services are not guaranteed and may be subject to change due to our clinic's capacity.

By signing below, I acknowledge that I have read and understand Sendan Center's policies regarding geographic locations and the potential impacts to my service delivery.

Parent/Guardian 1 Printed Name

Parent/Guardian 1 Signature

Date Signed

Parent/Guardian 2 Printed Name

Parent/Guardian 2 Signature

Date Signed
