



Northern Illinois Center for Autism



1300 Cunat Court, Lake in the Hills, IL 60156 (847)658-5607 www.NICAutism.org

Community Center Family Membership Intake

Name: _____ Birth date: _____
(Individual with PDD/Autism/Aspergers or Related disorder)

Name: _____ Phone #: _____
(Responsible Adult)

Email: _____ Cell Phone#: _____

Address: _____

Name/age of family members:	Diagnosis?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Client information:

School placement: _____ Grade: _____
Classroom: _____

Employment: _____ (Adults on spectrum)

Strengths: _____

Areas of concern: _____

Areas of Interest: _____

Medical:

Primary Doctor:

(Name/Phone)

Current treatments:

Allergies:

Dietary requirements:

Level of independence:

(please circle)

Feeding: Independent some assistance required one on one needed

Bathroom: Independent some assistance required one on one needed

Dressing: Independent some assistance required one on one needed

Academics: Independent some assistance required one on one needed

Speech: Independent some assistance required one on one needed

Calming: Independent some assistance required one on one needed

Fine Motor: Independent some assistance required one on one needed

Gross Motor: Independent some assistance required one on one needed

Other information:



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Requests for NICA: _____

Potential goals to be implemented: _____

Emergency Contact information:

Name: _____ Relationship: _____
Phone#: _____

Name: _____ Relationship: _____
Phone#: _____

Signature: _____ Date: _____
(Responsible adult)

NICA Community Center Membership:

Annual membership amount, paid in full: _____ Date: _____

Annual membership amount, monthly payment: _____ Date: _____
(Automatically deducted from credit card on the 3rd Tuesday of the month)

Credit Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

NICA Intake Representative: _____