Positive Behavior Treatment Inc
1400 NE Miami Gardens Dr, Miami, Fl 33179, Suite 211
Phone: 786-274-7777 / E-mail: pbtinc@gmail.com
Jacqueline Korner MS B.C.B.A

Date:

Referral Form

Client's Name: ______________________________ Date of Birth: ________________________________

Caregiver's Name: ______________________________ Date Services approved: ________________________________

Address: ____

City: ___________________________________ State: _______________________________ Zip Code: ______________

Phone Number: ________________________ E-mail address to contact: ____________________

Funding Source: Medicaid ____ Medicaid waiver ____ FSL ____ DCD ____ Tricare ____ Others _________________

Approval for services: Medicaid ABA services letter _______
Service authorization Behavior analysis/assistant _________

Hours Approved: ________

Language required: Spanish, English, Spanish/English, other

Services require to be provided at: Our office_____ Home ______ Other

Case Manager / WSC info if available:
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____
____

Diagnosis:____
____
____
____
____

Problem Behaviors/Communication deficits: ____
____
____
____

Available hours for ABA/Behavioral services: ____

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