



Submission Date \_\_\_\_\_

## Preliminary Application Form

Please complete this form and submit it with all other supporting materials. Applicants will be contacted once the form is reviewed. Quest Kids will make every attempt to provide assistance.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Insurance Type \_\_\_\_\_

Insurance Provider Eligibility & Benefits Phone Number \_\_\_\_\_

NOTE: The insurance information below can be copied and faxed to 407.218.4303.

Subscriber Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member ID # \_\_\_\_\_ Group # \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Diagnosing Doctor \_\_\_\_\_

Behaviors/Areas of Concern \_\_\_\_\_

\_\_\_\_\_

Days/Times Preferred \_\_\_\_\_

\_\_\_\_\_

Mail or fax completed application to: Quest Kids  
500 E. Colonial Dr.  
Orlando, FL 32803  
407.218.4303

FOR OFFICE USE ONLY:

Primary Therapist \_\_\_\_\_ Location \_\_\_\_\_