CREATIVE BEHAVIORAL CONNECTIONS
creating connections to last a lifetime

5803 W. Craig Road, Suite 105, Las Vegas, NV 89130
Phone: 702-901-5200 Fax: 702-901-5201

CONTRACT FOR CBC BEHAVIORAL INTERVENTION SERVICES

Name of Client: _____

Date: _____

Parents/Guardian/Careproviders: (List by name those who will be taking part in the ongoing implementation of the behavior program):

_____
_____
_____
_____
_____

I/We understand that the program provided by CBC is based on a 12 month calendar year for maintaining recommended treatment hours. I/We understand that if my/our attendance falls below 80% during any quarter of the 12 month calendar year, CBC may notify my/our insurance company and/or behavioral services may be cancelled due to a lack of participation. Parent involvement in ABA services, and the consistency of treatment hours is imperative to the success of therapy.

_____	_____	_____
Parent/Care provider Signature	Relationship	Date
_____	_____	_____
Parent/Care provider Signature	Relationship	Date