



### Continuity of Care: Initial Assessment Request

This form should be utilized in cases where the participant’s family would like to continue active services with their current ABA provider until the assessment process with a new ABA provider is completed.

Directions: Fill out the information below and submit this document with your assessment request via the Incedo Provider Portal. Please note, requests submitted with missing information or when the form is not included with the request, will be administratively denied. To ensure coordination of the transition of services by the providers, signatures from both providers are required. The form should be signed by the BCBA’s assigned to the case or a member of the administration teams. RBTs/BTs should not sign the form.

Required Information
Participant’s Name and DOB:
Name of current provider:
Name and position of person from current provider who is assisting with coordinating the transition:
Signature of person from current provider who is assisting with coordinating the transition:
Name of new provider:
Name and position of person from new provider who is assisting with coordinating the transition:
Signature of person from new provider who is assisting with coordinating the transition:
Tentative discharge date agreed to: