



Dear Family,

We have created a partnership with gifted occupational therapist, Kristen Bohan, to offer services at a reduced rate to our families. We are thrilled to offer this opportunity, and ask that you complete the application that follows. We will review and contact you soon to discuss your potential participation in this program. Financially, it would be our expectation that families would be responsible for fifty percent of the fee associated with services provided by Kristen. Please do not hesitate to reach out if you have any questions (941.376.1996).

Blessings,

Kaitlyn Leake

Bridge a Life Board Member



Kristen A.E. Bohan, Inc.

7333 International Place
Sarasota, FL 34240

Child's Name: _____

Foster /Parent's Name(s): _____

In care for how long? _____ Placement #? _____

Age: _____ DOB: _____ Grade level: _____ School: _____

Phone Number: (H) _____ (C) _____ (W) _____

Other services child is receiving: _____

Does your child have a diagnosis? If yes, what is it? _____

Was you child premature? _____ Did he/she receive prenatal care? _____

Was he/she exposed in utero? _____ To what, if known? _____

Was there known abuse? _____ Of what nature? _____ Neglect? _____

Has your child seen a medical professional regarding services or ever received therapy (if so, for what and at what ages)?

Developmentally: Did they drink a bottle well? _____ Roll? _____ Crawl? _____

Sit well? _____ Hold a spoon well? _____ Play well? _____

Engage with others in connected manner? _____

Move with coordination? _____ Appear hypersensitive? _____

Show emotional resiliency? _____ Tantrums more than expected? _____

How did you hear of BaL services? _____

Does your child currently receive Medicaid or insurance that would provide full or supplemental coverage of OT services? _____

Has a teacher, medical professional, or trusted adult made any observations regarding your child's health or behavior? _____

If given access to professional therapists and treatments would you be interested in: Education? _____

Support groups? _____ 1:1 services? _____ Home programs? _____ Any limitations? _____

What concerns do you have about your child, and how do you feel we may help?

Additional Notes: _____
