



PARTICIPANT INFORMATION SHEET

THE ART STATION
Growth & Healing Through the Creative Arts

Client's Name: _____ **Date of Birth:** _____
(mm / dd / yyyy)

Contact Information:

Parent Name: _____

Street/City/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Payment Information:

Self-Pay (\$175) Medicaid/CHIPS Number: _____

Medicaid/CHIPS Provider: Amerigroup Cooks Traditional Medicaid Foster Care

Insurance Number: _____ Aetna BC/BS Other

Current Medical/Mental Health Diagnoses:

Current Behavioral Concerns:

Client Can...	Yes	No	Sometimes
Maintain attention for 30 minutes or more			
Follow simple instructions			
Respond to redirection appropriately			
Engage with group members and art materials appropriately			
Use developmentally appropriate verbal and physical skills for this activity/setting			

To Be Completed by Art Station Staff:

Session Confirmed: Y N Intake Paperwork Sent: Mail Email

Screening Information:
