



Rockin The Spectrum Application

Respite care (12 hours a month)

Part Time Care (12-30 hours)

Full Time Care (30+ hours)

Over night (prices may vary)

Vacation Times (prices may vary)

Date night/Drop Off

Life and Social Skills

Weekend Drop Ins.

Day Program (Age 22+)

After School Program (All Ages)

Would you like more information about:

Parent Support Groups

Sibling Support Groups

Fundraising Events

Virtual Events



Welcome to Rockin The Spectrum!

We are so happy that you have taken an interest in joining RTS.

We are a not for profit, we count a lot on fundraising. We hope you will share, donate or offer your time to help.

Our family is very much a part of this business. I would call them the heart of this business. We have such a heart in this because my daughter, Barbra, is an adult with severe autism. She is nonverbal and we have seen our fair share of trouble with getting her care.

You have been given this application to fill out about your loved one with special needs. This application covers In-Home Care and Respite Care. If you are in financial need, please request a financial form. The form and supporting paperwork will be turned in before any discount is given.

Each family will meet with someone from RTS. They will go over your application and your loved ones needs.

There is a one time \$80.00 application fee that is a nonrefundable fee. A link will be sent with the application.

Thank You,

Linda Lynn

About the Client:

Disability:

Meltdowns: Yes No

Tantrums: Yes No

Special diet: Yes No

Need assistance eating: Yes No

Food they can not eat: Yes No

Are they on medication: Yes No

Allergies: Yes No

Potty trained: Yes No

Routine that needs to be followed: Yes No

Will they wear a mask: Yes No

Will they allow provider to wear a mask: Yes No

Client's Name:

Gender:

Address:

City:

State:

Zip Code:

Who does the client live with:

Name:

Address:

City:

State:

Zip Code:

Hours being requested:

Monday:	to	Friday:	to
Tuesday:	to	Saturday:	to
Wednesday:	to	Sunday:	to
Thursday:	to		

I acknowledge the fact that everything in this enrollment is true, and if anything changes, I will contact RTS. I will send in the fee when submitting this form. If there is financial support form being requested, I will submit all required documents.

Parent/guardian name:

Date: