



DEPARTMENT OF HUMAN SERVICES  
Child and Family Services Division/Behavior Intervention Services  
2100 Washington Boulevard, 3rd Floor Arlington, VA 22204  
TEL 703.228.1539 FAX 703.228.1084 www.arlingtonva.us

### Application for BIS Program

Return this form to the address above.

Today's date: \_\_\_\_\_

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

Street address and zip code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ E-mail \_\_\_\_\_

Names and ages of siblings and/or others living with child:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School child attends: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Would you prefer to have an interpreter present for consultations? \_\_\_\_\_

Times you are able to meet with BIS staff. Please rank your preferences- 1 being first choice, 2 for second choice and 3 for third choice. Please remember that BIS staff will be meeting with caregivers, not children. Evenings are less available.

Mornings

Afternoons

Evenings

Behaviors of concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has the problem been going on? \_\_\_\_\_

Have you ever sought assistance with these concerns before? \_\_\_\_\_

If yes, from whom? \_\_\_\_\_

Are you currently receiving services from another agency? \_\_\_\_\_

Who is available to meet and work with BIS staff? \_\_\_\_\_

\_\_\_\_\_

In what environment does the behavior occur? (Please specify.):

\_\_\_\_\_ Home      \_\_\_\_\_ School      \_\_\_\_\_ Other(s) \_\_\_\_\_

How or from whom did you hear about BIS? \_\_\_\_\_