

For TWC Staff use only
Intake Level: ____1(30) ____2 (50)
Intake Date: _____
Staff for Intake: _____
Meet/Greet Date: _____
Meet/Greet Staff: _____

The Whole Child, Inc.
2 Maple Ave.
PO Box 400
Upton MA 01568
Phone: 508-603-1711 fax: 508-603-1712

INITIAL ACCOUNT SET-UP

Date: _____ Referred by: _____

TWC Program or Service: _____

Provider: _____

_____ Age: _____ D.o.B. _____
Name of person receiving service

_____ Age: _____ D.o.B. _____
Name of person receiving service

For Communication regarding programming:

Name: _____

Most reliable phone number: _____

Address: _____

Email Address: _____

For Invoicing and Receipts:

Parent/Guardian responsible for Payment:

phone number (s): _____

Address: _____

Email Address: _____

IF FUNDED BY Grant, agency, organization:

Invoice should be sent to (name of organization):

Contact person: _____

Amount and/or term: _____

Phone number: _____

Fax number: _____

Address: _____

Email Address: _____

I have read and understand The Whole Child, Inc. payment policy. By seeking and accepting services I understand that I am ultimately responsible for delivery of payment

Name Signature