Children's Autism Waiver (CAW)
Summary of the Child's Services Prior to the CAW

Child's Name		Date
AWACS #	Agency	

Please indicate services in which your child was enrolled prior to entering CAW services and the amount of time enrolled in each:

Yes	No	Service	If yes, length of time enrolled prior to CAW
		ABA Therapy	
		Speech Language Pathology	
		Occupational Therapy	
		Physical Therapy	
		Part C Infant Toddler	
		Family Education & Support Title XX	
		0208 Children's Waiver Services	
		PLAY Project	
		Special Ed Preschool	
		Private Preschool	
		Early Head Start	
		Head Start	
		Childcare	
		Other (specify):	
		Other (specify):	
		Other (specify):	
		Other (specify):	
		Other (specify):	
		Other (specify):	
		Other (specify):	
		Other (specify):	
		Other (specify):	
		Other (specify):	
		Other (specify):	