



Dear Family,

We have created a partnership with gifted occupational therapist, Kristen Bohan, to offer services at a reduced rate to our families. We are thrilled to offer this opportunity, and ask that you complete the application that follows. We will review and contact you soon to discuss your potential participation in this program. Financially, it would be our expectation that families would be responsible for fifty percent of the fee associated with services provided by Kristen. Please do not hesitate to reach out if you have any questions (941.376.1996).

Blessings,

Kaitlyn Leake

Bridge a Life Board Member



*Kristen A.E. Bohan, Inc.*

7333 International Place  
Sarasota, FL 34240

Child's Name: \_\_\_\_\_

Foster /Parent's Name(s): \_\_\_\_\_

In care for how long? \_\_\_\_\_ Placement #? \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade level: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Other services child is receiving: \_\_\_\_\_

Does your child have a diagnosis? If yes, what is it? \_\_\_\_\_

Was you child premature? \_\_\_\_\_ Did he/she receive prenatal care? \_\_\_\_\_

Was he/she exposed in utero? \_\_\_\_\_ To what, if known? \_\_\_\_\_

Was there known abuse? \_\_\_\_\_ Of what nature? \_\_\_\_\_ Neglect? \_\_\_\_\_

Has your child seen a medical professional regarding services or ever received therapy (if so, for what and at what ages)?  
\_\_\_\_\_

Developmentally: Did they drink a bottle well? \_\_\_\_\_ Roll? \_\_\_\_\_ Crawl? \_\_\_\_\_

Sit well? \_\_\_\_\_ Hold a spoon well? \_\_\_\_\_ Play well? \_\_\_\_\_

Engage with others in connected manner? \_\_\_\_\_

Move with coordination? \_\_\_\_\_ Appear hypersensitive? \_\_\_\_\_

Show emotional resiliency? \_\_\_\_\_ Tantrums more than expected? \_\_\_\_\_

How did you hear of BaL services? \_\_\_\_\_

Does your child currently receive Medicaid or insurance that would provide full or supplemental coverage of OT services? \_\_\_\_\_

Has a teacher, medical professional, or trusted adult made any observations regarding your child's health or behavior? \_\_\_\_\_

If given access to professional therapists and treatments would you be interested in: Education? \_\_\_\_\_

Support groups? \_\_\_\_\_ 1:1 services? \_\_\_\_\_ Home programs? \_\_\_\_\_ Any limitations? \_\_\_\_\_

What concerns do you have about your child, and how do you feel we may help?  
\_\_\_\_\_  
\_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_