



Hour Request Form

Client Name: _____

Dear Day Therapy Program Parents,

In response to the threat posed by COVID-19 (Corona Virus), Autism ETC will implement a procedure called "Code Yellow." Beginning on Monday, March 23rd, Autism ETC will move to a limited schedule and offer limited hours to our clients. **If you would like your child to be included in the limited schedule, please fill out this form form by no later than 9am on Friday, March March 27th.** Your BCBA or a Clinical Manager will reach out to you with your new schedule as quickly as possible. For the duration of the crisis, new Hour Request Forms will be distributed each Wednesday and are due each Friday at 9:00am to secure hours for the following week. Thank you!

_____ **No**, we do not want services between 03/30 and 04/03.

_____ **Yes**, we do want services between 03/30 and 04/03.

(Please complete table below by indicating your preferred days and times.)

Date	9am - 12pm	12pm - 3pm
Monday, March 30, 2020		
Tuesday, March 31, 2020		
Wednesday, April 1, 2020		
Thursday, April 2, 2020		
Friday, April 3, 2020		

I understand that by checking **NO** above, I am forfeiting any available hours for the week of 03/30 - 04/03. I understand that there is no guarantee for hours requested.

Parent Signature: _____