



Educator Support Program Therapy Registration

Thank you for your interest in therapy for educators at RVCC. Please complete this form and submit for registration. A clinician will be in touch with you to schedule an intake appointment. If you have any questions about the program, or your registration, please contact the Director of School Services, Alexa Mignano, at alexa.mignano@servicenet.org

Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____

Phone#: _____ Email: _____

Primary Language: English Spanish Other/Notes: _____

HEALTH INSURANCE *Therapy services are billed to your health insurance plan. You/the policy holder are responsible to pay RVCC any out of pocket expenses that are required by the health insurance plan (ie: copays, co-insurance, and/or deductibles). Please list ALL insurance plans in your name.*

- Masshealth; Policy Name & Number (if known): _____
- Private/Commercial Insurance; Policy Name/Number (required): _____
 Policy Holder Name: _____ Relationship to Client: _____
 Policy Holder Address: _____
- Other Insurances (if any, with policy number): _____

- **How do you prefer to be seen?** In-Person Telehealth Either
- **What time of day works best for a 45-60 min appointment?**
 Before School Lunch Break After school (2-5pm) Evening (5-7pm) Other
- **How did you hear about this service?** Flier Email Staff Mtg Presentation Colleague Other

Please describe in the box below why you are seeking therapy:

**Please email this form AND a copy of your insurance card(s) to:
RVCC Central Intake at: rvcc_esp@servicenet.org**