



7000 Broadway St #208
Denver, CO 80221
(303) 327-9738
www.gsloinc.com

GoldStar Learning Options Child Participant Interest Form

Participant's Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Email _____

Parent/Guardian _____ Phone Number _____

Parent/Guardian _____ Phone Number _____

Funding Source and Insurance Information

Primary Insurance: _____

Addl Funding: _____ CES Waiver _____ Private Pay _____ Medicaid

I am interested in the following services

_____ Behavioral Lead Consultation _____ Behavior Line _____ Community _____ Tutoring

_____ Respite _____ Speech Therapy

I am interested in receiving services at

_____ Home _____ Community _____ Center-Based

Request for Monday times that work best

Requested Start Date _____ Time _____

Diagnosis

