

Linx Community Services
Information Sheet



Gender`	Age	What City do you live in..?	
Medicaid (yes/no)	Private Insurance (yes/no)	Insurance Provider	

Current ABA Services/ Medical Services (please check all that applies)			
	ABA Therapy		After School Group
	Behavior Intervention with Technician		Sensory Training
	Medication Management		Other:

Medication Information				
General Medications (yes or no)	Psychotropic Medications (yes or no)	Do you need a medication management provider..? (yes or no)		

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Optional Information				
Please provide the following information if you would like additional information and updates.	Home Number:	Cell Number:	Email Address:	If you would like to receive text messages: (Yes/No)

Optional Information
Any additional comments/questions:

Return Mail to the following address:

310 Front Street
Marietta, Ohio 45750

Return to the following email address:

chuck.henline@linxcs.com.co

Phone Contact:

Jason Lynch 304-771-2184