



**Medicaid/MiChild Autism Spectrum Disorder Benefit
Behavior Technician/Aide IPOS Training Acknowledgement Form**

Consumer Name: _____ Member MH-WIN ID Number: _____

Autism Provider Agency Name: _____

I have received training on this specific child's:

Individualized Plan of Service (IPOS) Dated: _____ to _____

IPOS Case Holder Agency: _____

IPOS Case Holder Name: _____

ABA Treatment Plan Dated: _____

BCBA/Qualified Behaviorist Name: _____

Other (specify): _____

ABA Aide/Behavior Technician Signature

Parent/Guardian Name

Date