



Where joy abounds

The House of Gladness LLC

2002 E Robinson Street

Orlando, Florida 32803

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The House of Gladness, LLC

I. Client Information

Client Name: _____ Date of Birth: _____

Member ID #: _____ (CMS ONLY)

SUFS/FES-UA ID #: _____

II. Authorization

I authorize The House of Gladness, LLC to communicate with the following parties regarding billing and other aspects of my child's care :

- ☐ *CMS/Sunshine Health and Medical Transportation Management (MTM)*
- ☐ *Step Up for Students/Family Empowerment Scholarship for Students with Unique Abilities*
- ☐ *My child's physician(s) listed below:*

Physician's Clinic/Office Name

Physician Name

Physician's Office Phone Number

Parent/Guardian Signature

Date