



## The Assessment of Functional Living Skills (The AFLS)

Product Code	Product Description	Quantity	Unit Price (USD)	Total
AFLS-ALL	Guide and Basic Living, Home, Community, School, Independent Living and Vocational Skills Protocols	_____	\$249.95	_____
AFLS-GBHCS	Guide and Basic Living, Home, Community, School Skills Protocols	_____	\$179.95	_____
AFLS-GBHC	Guide and Basic Living, Home and Community Protocols	_____	\$144.95	_____
AFLS-G	Guide	_____	\$39.95	_____
AFLS-B	Basic Living Skills Assessment Protocol	_____	\$39.95	_____
AFLS-H	Home Skills Assessment Protocol	_____	\$39.95	_____
AFLS-C	Community Participation Skills Assessment Protocol	_____	\$39.95	_____
AFLS-SS	School Skills Assessment Protocol	_____	\$39.95	_____
AFLS-I	Independent Living Skills Assessment Protocol	_____	\$39.95	_____
AFLS-V	Vocational Skills Assessment Protocol	_____	\$39.95	_____

**Order Subtotal (USD):** \_\_\_\_\_

**Discount:** \_\_\_\_\_

**Shipping:** \_\_\_\_\_

**Sales Tax:** \_\_\_\_\_

*(Hawaii 4.712%, New Jersey 7%, California 8.25%, Pennsylvania 6%, Georgia 4%)*

**Order Total (USD):** \_\_\_\_\_

*Discount and Shipping calculations will be verified and adjusted if necessary.*

## Discounts & Shipping Policies

### Quantity Discounts

- 10% for 10 to 19 books
- 20% for 20 to 29 books
- 30% for 30 or more

### Credit Card Orders:

[www.functionallivingskills.com](http://www.functionallivingskills.com)

### INTERNATIONAL SHIPMENTS:

*FLS is not responsible for Customs Duties or Taxes, VAT or any other fee or charge*

### Returned Check Fee - \$25.00

### Returned Merchandise Policy

*All returns must be approved and are subject to a 15% restocking fee. Returns are accepted up to 120 days from the original date of purchase. Call for authorization: 925-210-9370*

## MAIL ORDER FORM WITH PAYMENT TO:

Functional Living Skills  
100 Matawan Rd., Lower-Level  
Matawan, NJ 07747

Customers Using Purchase Order Only -

PO#: \_\_\_\_\_

Email PO and order form to:  
[assessments@centralreach.com](mailto:assessments@centralreach.com)

## Customer Information

Name (First and Last): \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Check Enclosed #: \_\_\_\_\_

Billing Address (if different than shipping): \_\_\_\_\_