



Dear Parents and Guardians,

Thank you for considering services from the Brent Woodall Foundation for Exceptional Children (BWF)! In order to receive services at the foundation, please complete and provide all documents described within the document checklist. An incomplete packet will delay the processing and scheduling of an appointment with you and your child. To ensure processing of your application in a timely manner, please provide all of the requested information via email, fax, mail, or in person.

Upon receiving the completed packet and supporting documents, our consultant will contact you to set up the Family FIRST (Free Individualized Review and Structured Training) at no cost. Family FIRST is a free service provided by the BWF in our therapeutic center in Irving, Texas. This service is scheduled for a maximum of three hours and includes a basic skills assessment, an individualized parent training, and a tour of the facility. Upon completion of Family FIRST, our consultant will provide the evaluation report and recommendation of services within five business days via email. While it is encouraged for both parents to be in attendance, it is only mandatory for the child and one parent to be present.

Based on the result and recommendation of services, our scheduling staff will contact you to discuss the type of services, number of service hours, as well as confirming schedule availability. We will work with your family to ensure your child will receive the optimum amount and quality of service your child requires. Depending on the method of payment, your child will be able to begin receiving services as soon as a schedule is confirmed. In the case of using insurance as the method of payment, please understand the process may take a few weeks. More details on the insurance process timeline can be discussed case by case with our billing specialist.

For any questions or concerns please call 972-756-9170 or email the corresponding staff below:

**Family FIRST:** Nicki Scott at [n.scott@woodallkids.org](mailto:n.scott@woodallkids.org)

**Billing Inquiries:** Nicki Scott at [billing@woodallkids.org](mailto:billing@woodallkids.org)

**Turn in completed application to:**

Brent Woodall Foundation for Exceptional Children  
 ATTN: Nicki Scott  
 3021 Gateway Drive, Suite 295  
 Irving, Texas 75063  
 Fax: 214-614-4650  
 E-mail: [n.scott@woodallkids.org](mailto:n.scott@woodallkids.org)

**DOCUMENT CHECKLIST**

In order for your application to be processed, please provide **all** of the information listed below:

\_\_\_ 1) Intake Form Packet (Submit pages 6-20, and 32 of this packet)

**Please print legibly and fill in all the information**

- Child and Family Information
- Referral Information
- Insurance Information
- Family History
- Birth and Developmental History
- Health History
- Behavioral Information
- Child's Strengths and Areas of Concern
- School / Therapy Information

**Please read thoroughly and provide signatures on the respective pages**

- Signed Medical Information and Release Form
- Signed Filming/ Photography Participation Form
- Signed Authorization for Release of Therapeutic Information Form (HIPPA) Form
- Signed Financial and Billing Policy and Agreement Form

**For the below forms, we require signatures from both legal parents/guardians. If you have sole legal custody, please provide legal documentation indicating such.**

- Signed Waiver and Indemnity Agreement
- Signed and Notarized Client Policy Acknowledgment form

\_\_\_ 2) Child's recent photo

\_\_\_ 3) Medical History Documents (including immunization records)

\_\_\_ 4) Copies of previous Educational Testing (e.g. IQ tests or school evaluations)

\_\_\_ 5) Copies of previous Assessments or Evaluations

(e.g. skills assessment, speech assessment, diagnostic assessment etc.)

- If you are waiting for an evaluation report, please have the Doctor forward it to us.

- **A copy of Diagnostic assessment is required to use insurance as a method of payment**

- **BWF does not provide medical diagnoses**

\_\_\_ 6) Copies of the most recent Individualized Education Plan (if previously/currently in a Special Education Program) or Individualized Family Support Plan (if previously/currently receiving ECI services)

\_\_\_ 7) A copy of the driver license (front and back) of the parent attending the Family FIRST

\_\_\_ 8) A copy of current insurance card (front and back) required if insurance is used as a method of payment

**\*\*\*Please send copies only; original documents will not be returned\*\*\***

*For inquiries regarding required documents, please contact Nicki Scott at [n.scott@woodallkids.org](mailto:n.scott@woodallkids.org)*

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## PROGRAMS OFFERED

### **Behavioral Intervention Services / 1:1 ABA**

The Behavioral Intervention Services are open to children ages 0-12 with autism or developmental delays. After assessments have been completed, the Board Certified Behavior Analysts (BCBA) at the foundation will make a treatment recommendation and detail intensity of ABA therapy. Children can receive up to 40 hours of therapy per week. Each child is given a Case Manager who, along with a BCBA, will set and update their goals.

### **Social skills groups**

The children in these groups vary in age from two to twelve years old. The common goal for each of the groups is to teach children the language and social skills necessary to initiate and maintain social relationships with their peers and be successful in a group or classroom setting. Progress reports are given to each child's parent along with ideas and suggestions for reinforcing the concepts learned in group at home.

Group 1: offered Monday to Friday 9am-12pm for two to five year olds

Group 2: offered Monday to Friday 9-2pm for five to seven year olds

Group 3: offered on Wednesday 4-5pm for 7 year old and above

### **Academic and language skills groups**

These group programs are month long programs with prepayment of the session on the 1<sup>st</sup> of every month. Your child will be automatically registered for the following month upon receiving the payment unless prior notice is submitted to be withdrawn from the program. These programs accept private pay only; they are not covered by insurance or any grant program. Pro-rating, make ups, and refunds are not available.

**Afterschool Academy** focus on addressing four skill areas: language, academics, behavior, and social development in a classroom setting.

It is offered on Mondays, Wednesdays, and Fridays, 4:00-6:00pm.

**Behavior Language Intervention Program** uses a naturalistic teaching style to focus on receptive, expressive, and social language development in 1:2 therapist/child ratio.

It is offered only on Tuesdays or Thursdays, 4:00-6:00pm.

### **Consultation**

The BWF offers Behavioral Consultation Services to families who provide therapy for their child at home. Consultations can be scheduled on an individual basis and are conducted at the foundation to assist the parent in setting goals, developing their child's program, collecting data, and implementing therapy based on the principles of ABA.

### **IEP Consultation**

The BCBA's at the BWF are available to consult with parents on IEPs and attend ARD meetings. Through this consultation, parents will receive aid in changing or developing goals for the school to implement, learn to become an active participant in the ARD process, and learn to advocate for their children's rights and to understand the laws that affect their children.

*For more information regarding offered programs, please contact Nicki Scott at [n.scott@woodallkids.org](mailto:n.scott@woodallkids.org)*

## METHODS OF PAYMENT

**Insurance:** The BWF is committed to helping maximize each child's insurance benefits. Insurance policies vary greatly, therefore, owing to the complexity of insurance contracts; we can only estimate benefits in good faith. The BWF will contact your insurance carrier for a "quote of benefits" and will obtain necessary pre-authorizations, but coverage cannot be guaranteed. It is highly recommended you contact your insurance carrier to verify that the BWF participates in your plan and to verify that services are covered as of the time they are to begin. The BWF will ONLY file claims with the insurance carries with whom we are contracted. The BWF does not file with the secondary insurance.

*For more information, please refer to the Financial and Billing Policy and Agreement Form on page 17 or contact our billing specialist.*

**Private Pay:** Families who do not have insurance coverage for ABA may choose to pay privately for therapy services. A list of rates can be requested from the front desk at the BWF office. Families cannot go back and forth between insurance billing and private pay. If the 1:1 ABA program is not affordable to pay privately, the BWF offers BLIP and Afterschool Academy programs as an alternative. These programs run in group sessions. Please refer to the program list for more information.

**Sliding Rate Scale:** A Sliding Rate Scale is available to those in need who are using private pay or grant funding as method of payment. The sliding rate is accepted for all programs except BLIP and Afterschool Academy. The sliding rate application is available upon request. Insurance coded invoices are not provided to clients who are using the Sliding Rate Scale. An insurance denial letter is required to apply for the Sliding Rate Scale. When using sliding rate scale with grant funding, submit a sliding rate application and then begin filling out grant applications. Let us know which grants you are applying for as soon as possible so that we can complete the appropriate referral. You will need to wait until the sliding rate has been approved and the referrals completed before submitting the grant applications.

**Grant Funding:** Clients receiving funding from a third party grant agency must provide grant approval letters to \_\_\_\_\_ at [ffil@woodallkids.org](mailto:ffil@woodallkids.org) before services will be rendered. The deposit will not be billed to grant agencies and must be paid out of pocket. Parents will be emailed the invoice weekly when billing is sent to the grant agency. Parents are expected to keep track of their grant balances and know when it is time to reapply. If the grant organization does not pay the invoices, the Financially Responsible Party will be responsible for the balance due. The following are a few grant resources for you to explore.

Masonic: <http://www.mhstx.org/application-for-assistance/>

Variety of Texas: <http://www.varietytexas.org/how-get-help/>

United Healthcare Children's Foundation: <http://www.uhccf.org/apply/learn-more-about-medical-grants/grant-application-criteria/>

*For more information regarding methods of payment, please contact*

*at \_\_\_\_\_@woodallkids.org*

## INTAKE PACKET

### PLEASE PRINT

Programs of interest:	<input type="checkbox"/> 1:1 Intervention	<input type="checkbox"/> Behavioral Consultation	<input type="checkbox"/> IEP	
Consultation	<input type="checkbox"/> Social skills group	<input type="checkbox"/> BLIP	<input type="checkbox"/> Afterschool Academy	<input type="checkbox"/> unsure

### CHILD AND FAMILY INFORMATION

#### Child Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #(home): \_\_\_\_\_  
Race/Ethnicity: \_\_\_\_\_ Language(s) spoken by child: \_\_\_\_\_

#### Parent/Guardian Information

Child Resides With:  Both Legal Parents  Mother  Father  Guardian

*If guardian:* Is this the legal guardian?  Yes  No Relationship to child: \_\_\_\_\_

Primary Caretaker: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Employer: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Driver's License (No. and State): \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Employer: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

Driver's License (No. and State): \_\_\_\_\_ E-mail: \_\_\_\_\_

**REFERRAL INFORMATION**

Child Referred by: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Carrier: \_\_\_\_\_  
Subscriber's Name: \_\_\_\_\_  
Subscriber's DOB: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Subscriber/Member ID #: \_\_\_\_\_  
Group #: \_\_\_\_\_ Employer/Group Name: \_\_\_\_\_  
Provider Customer Service #: \_\_\_\_\_

**FAMILY HISTORY**

**Biological Mother**

Education:  Did Not Graduate  GED  High School  Some College  
 2 year university  4 year university  Advanced

Mother's Occupation: \_\_\_\_\_

**Biological Father**

Education:  Did Not Graduate  GED  High School  Some College  
 2 year university  4 year university  Advanced

Father's Occupation: \_\_\_\_\_

**Parent's Marital Status/Visitation**

Child's Parents Are:  Never Married  Separated  Divorced  Married to Each Other  
If separated or divorced, how often does the child see the non-custodial parent?  
 Regularly  Sometimes  Rarely  Never

**Siblings**

Number of siblings in the home: \_\_\_\_\_

Do any biological siblings have learning, speech, behavior, or other problems?  Yes  No

If Yes, please describe: \_\_\_\_\_

**Household Members**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Family Medical History**

Please indicate if the mother, father, or anyone on either side of the family has a history of:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Speech/Language Disorders |
| <input type="checkbox"/> Genetic Syndromes  | <input type="checkbox"/> Seizures              | <input type="checkbox"/> Attention Problems        |
| <input type="checkbox"/> Autism/PDD-NOS     | <input type="checkbox"/> Depression            | <input type="checkbox"/> Learning                  |
| <input type="checkbox"/> Asperger Syndrome  | <input type="checkbox"/> Drug Abuse            | <input type="checkbox"/> Disabilities/Dyslexia     |
| <input type="checkbox"/> Schizophrenia      | <input type="checkbox"/> Alcoholism            |  |
| <input type="checkbox"/> Bipolar Disorder   | <input type="checkbox"/> Neurological Problems |  |

**Child's Stressors**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Parent Separation/Divorce     | <input type="checkbox"/> Moves to Different School   | <input type="checkbox"/> Physical/Verbal or Sexual Abuse |
| <input type="checkbox"/> Moves to Different Homes      | <input type="checkbox"/> Loss/Death of Family Member | <input type="checkbox"/> Exposure to Alcohol             |
| <input type="checkbox"/> Loss/Death of Friend or Pet   | <input type="checkbox"/> Social Problems or Bullying | <input type="checkbox"/> Exposure to Nicotine            |
| <input type="checkbox"/> Family Financial Difficulties | <input type="checkbox"/> Multiple Absences/Tardies   | <input type="checkbox"/> Exposure to Illicit Drugs       |

**BIRTH AND DEVELOPMENTAL HISTORY**

Was this child adopted?    Yes    No    Length of pregnancy: \_\_\_\_\_ weeks

Age when taken home: \_\_\_\_\_    Birth weight: \_\_\_\_\_ lbs.

Was there trauma associated with the birth? Yes No

If yes, please explain here:

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Describe child as an infant/toddler, up to 24 months (cheerful, fussy, cuddly, withdrawn, etc.):

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Age child first (if child cannot do any of the following, mark with an X):

	Early	Typical	Late	Not Present
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Babbling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking first words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking short sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating solids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using toilet when awake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Child's Name: \_\_\_\_\_

Child's Religious or Spiritual Background: \_\_\_\_\_

List any legal issues involving your child (divorce, custody, law suits, etc.) \_\_\_\_\_

Has your child ever threatened to harm self or others? YES NO

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIORAL INFORMATION**

Please check any of the following behaviors that your child displays: (This information will only be used for assessment and evaluation purposes. It will not affect your child's eligibility to enter our program.)

- Hyperactivity
- Self-injurious behaviors
- Echolalia (vocal repetition of others)
- Anxiety (control/transition/coping difficulties)
- Aggressive behaviors (toward others or objects)
- Self-stimulatory behaviors (repetitive movements and/or sounds)

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child...	Never	Seldom	Occasionally	Often	Always
Use gestures (bye-bye, pointing, etc.)	0	1	2	3	4
Babble	0	1	2	3	4
Use single words	0	1	2	3	4
Use single words to request	0	1	2	3	4
Use phrases	0	1	2	3	4
Use phrases to request	0	1	2	3	4
Ask questions	0	1	2	3	4
Play with toys appropriately (independently)	0	1	2	3	4
Plays interactively w/ siblings	0	1	2	3	4
Plays interactively w/peers	0	1	2	3	4

Child's most preferred toys, foods, or activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Please provide information about your child's eating habits, variety of foods accepted, and independence with feeding: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Please provide information about your child's sleeping patterns and routines: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Additional information relevant to the child's behavior: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S STRENGTHS AND AREAS OF CONCERN**

Please list or explain areas of strengths:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list or explain areas of concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL / THERAPY INFORMATION**

**School Information**

School: \_\_\_\_\_ ISD: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Counselor: \_\_\_\_\_

*Briefly describe the Following:*

Child's school placement (Self-contained classroom, integrated, etc. Please include the number of days and times the child attends): \_\_\_\_\_  
\_\_\_\_\_

Academic performance: \_\_\_\_\_

Behavior in school: \_\_\_\_\_

**Current Therapy Services Provided By School**

Speech Therapy: Yes No Hours per week: \_\_\_\_\_

Occupational Therapy: Yes No Hours per week: \_\_\_\_\_

Physical Therapy: Yes No Hours per week: \_\_\_\_\_

Other Therapy: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Other Therapy: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Other Therapy: \_\_\_\_\_ Hours per week: \_\_\_\_\_

**Current Therapy Services NOT Provided By School** (Please include service provider)

Speech Therapy: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Occupational Therapy: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Physical Therapy: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Other Therapy: \_\_\_\_\_ Hours per week: \_\_\_\_\_

**Past Therapy** (Please include service provider and dates attended, please attach treatment plans associated with each therapy.)

ABA Therapy: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Speech Therapy: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Occupational Therapy: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Physical Therapy: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Mental Health: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Feeding Therapy: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Other Therapy: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Hours per week: \_\_\_\_\_

**Assessments : IQ tests, Basic Skills Assessments, Developmental Checklists**

(e.g. WISC, WPPSI, Stanford-Binet, ABLLS, HELP, DAYC)

Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

## The Brent Woodall Foundation for Exceptional Children

### Medical Information and Release Form

#### Basic Information

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Medical Information

Diet Specifications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

#### Emergency Contact Information

In case of an emergency, please contact (please indicate in the order they will be contacted)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I give the Brent Woodall Foundation permission to administer First Aid/CPR to my child if an emergency situation arises.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
I have reviewed the above information and verified that they are up-to-date.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Filming and Photography Participation Consent Form**

### **Introduction:**

The Brent Woodall Foundation for Exceptional Children often uses photography and video of clients and their children to promote education and awareness to other parents and to advertise the services of the Brent Woodall Foundation.

The Brent Woodall Foundation for Exceptional Children is requesting consent to film and photograph your child during various activities. These activities include: therapy, summer camps, Preschool Readiness Education Program (PREP), Communication and Life Skills program (CALs), Targeted Intervention of Elementary-Aged Students (TIES), etc.

The videos and pictures taken will assist in promoting and advertising the services the Brent Woodall Foundation provides to children and their families. It is possible that videos and photos will appear on the Brent Woodall Foundation's website, Facebook, and brochures. Often, staff members will use videos of clients demonstrating teaching skills and techniques in parent- and professional- training workshops. This includes the appearance of your child's image (under a pseudonym) to appear in newspaper, magazine, and/or article publications promoting the Brent Woodall Foundation's services. All film and photography will be taken during your child's regularly scheduled sessions at the BWF.

### **Voluntary Participation:**

Participation is voluntary. Your decision regarding whether or not to allow your child to participate will in no way affect your relationship with the Brent Woodall Foundation for Exceptional Children.

### **Procedures for Maintaining Confidentiality of Research Records:**

If you give permission for your child to participate in photography and/or filming procedures, any relevant footage may be used for the Brent Woodall Foundation's website or advertisement purposes. No identifiable information about your child will be provided. The confidentiality of your child's individual information will be maintained in any publications or presentations, unless you specify otherwise.

### **Questions about the Video or Pictures:**

Child's Name: \_\_\_\_\_

If you have any questions about photography and/or filming procedures, you may contact Executive Director Tracy Pierce Bender at [Tracy@woodallkids.org](mailto:Tracy@woodallkids.org).

**Your Child's Rights:**

Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- The filming process was explained to you and all of your questions were answered.
- You understand that you do not have to allow your child to take part in the filming/pictures, and your refusal to allow your child to participate will involve no penalty or loss of rights or benefits.
- You understand why the filming and photography are being conducted and how it will be performed.
- You understand your rights as the parent/guardian of your child and you voluntarily consent to your child's participation in filming/photography.
- You have been told you will receive a copy of this form.

***Please place a check by one of the below options.***

\_\_\_\_ I hereby give permission for my child to be captured in filming and photography for the Brent Woodall Foundation. I understand that my child's confidentiality will be respected and I can withdraw this consent at any time.

\_\_\_\_ I hereby give permission for my child's image and voice to be recorded for the Brent Woodall Foundation conference, but request his/her name remain confidential. I understand that my child's confidentiality will be respected and I can withdraw this consent at any time.

\_\_\_\_ I am not willing for my child to be captured in photography and filming for the Brent Woodall Foundation. I understand that my child's confidentiality will be respected.

\_\_\_\_\_  
**Printed full name of child**

\_\_\_\_\_  
**Printed name of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



## Brent Woodall Foundation for Exceptional Children

### Authorization for Release of Therapeutic Information (HIPPA)

Client's Name: _____		
DOB: _____	Phone: _____	
Address: _____		
City: _____	State: _____	Zip: _____

I hereby authorize the Brent Woodall Foundation for Exceptional Children to release and discuss my child's confidential information to the following people, companies, organization:

- I do not give my permission to release information to anyone.
- Insurance Company
- Grant Organizations or 3<sup>rd</sup> Party Funding Sources
- Child's School (name of school) \_\_\_\_\_
- Other Therapy Providers: (please list name, company, and phone number)

\_\_\_\_\_

\_\_\_\_\_

- Family or Friends other than the Child's legal guardians: (please list name, phone number, and relationship to the child)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This authorization will remain in effect from the date of my signature until revoked upon written notification.

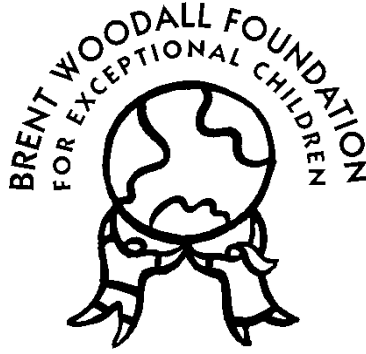
#### RIGHT TO REVOKE:

I understand that I can withdraw my permission at any time by giving written notice stating my intent to revoke this authorization to the person or organization named under "WHO CAN RECEIVE AND USE THE HEALTH INFORMATION." I understand that prior actions taken in reliance on this authorization by entities that had permission to access my health information will not be affected.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child



## Financial and Billing Policy and Agreement

Thank you for choosing the Brent Woodall foundation for Exceptional Children to serve your family. This document outlines our policies about payment, finances, billing, and insurance. By making our policies clear, we hope to avoid any problems or misunderstandings.

**Financial Responsibility:** the BWF is responsible for providing quality therapy to the child and therefore, the child's parent (or guardian) is responsible for all charges incurred.

**Name of Financially Responsible Party:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Initial Deposit:** For children receiving more than 6 hours of therapy per week, a \$1000 deposit is due before the child starts services, for children receiving 6 hours per week or less, a \$500 deposit is due before the child starts services. The deposit will be returned when a written 30 day cancellation notice is given AND the balance is \$0.00. If 30 days-notice is not given, the deposit will not be returned. Deposits for children accessing only Group ABA or Consultations will be determined individually and will be based on the monthly services.

**Insurance:** The BWF is committed to helping maximize each child's insurance benefits. Insurance policies vary greatly, therefore, owing to the complexity of insurance contracts; we can only estimate benefits in good faith. The BWF will contact your insurance carrier for a "quote of benefits" and will obtain necessary pre-authorizations, but coverage cannot be guaranteed. It is highly recommended you contact your insurance carrier to verify that the BWF participates in your plan and to verify that services are covered as of the time they are to begin. If you have any questions, our courteous billing staff is always available to answer them. Your insurance policy is a contract between you and your insurance company; the BWF is not party to that contract. You will need to contact your carrier with any problems or questions. The BWF will ONLY file claims with the insurance carries with whom we are contracted. The BWF does not file with the secondary insurance. In the event the insurance company does not provide payment within the agreed amount of time or denies the payment, the balance becomes that of the financially responsible party. To avoid any payment delays from your insurance carrier, please let the BWF Billing Department know any and all updated information on your insurance company, such as if you receive a new insurance card, or the child is covered under the new insurance. If the BWF is not notified in a timely manner, the responsible party will be billed for services not covered or denied. The BWF has the right to suspend services until new insurance is verified and/or necessary pre-authorizations are in place. If the responsible party wish to continue services before insurance is verified and/or pre-authorization is in place, the responsible party will be required to pay for those services weekly.

**Private Pay:** Families who do not have insurance coverage for ABA may choose to pay privately for therapy services. A list of rates can be requested from the front desk at the BWF office. Families cannot go back and forth between insurance billing and private pay.

**Grant Funding:** Clients receiving funding from a third party grant agency must provide grant approval letters to \_\_\_\_\_ at \_\_\_\_\_@woodallkids.org before services will be rendered. The deposit will not be billed to grant agencies and must be paid out of pocket. Parents will be emailed the invoice weekly when billing is sent to the grant agency. Parents are expected to keep track of their grant balances and know when it is time to reapply. If the grant organization does not pay the invoices, the Financially Responsible Party will be responsible for the balance due.

**Sliding Scale:** A Sliding Rate Scale is available to that in need. Please request an application from \_\_\_\_\_ at the BWF office. Insurance coded invoices are not provided to clients who are using the Sliding Rate Scale. An insurance denial letter is required to apply for the Sliding Rate Scale.

**Payments:** To insure a smooth billing process, the BWF requires a credit card to remain on file. The card on file will be charged on a weekly basis for charges incurred in the previous week. Depending on the child's insurance benefits, this charge could be for a co-payment, co-insurance, deductible, or for the entire cost of the services rendered. A copy of the invoice will be e-mailed to you at the time of payment processing. A \$35 fee will be charged for declined payments, if another form of payment is not provided within 24 hours of notification of the declined payment. If a payment is declined, the BWF may suspend services until payment is made.

**Collection Fees:** Fees incurred to collect payments will be billed to and payable by the Responsible Party. This includes attorney fees and court costs.

**Note to Separated or Divorced Parents:** The BWF will not keep separate accounts to accommodate separated or divorced parents who share financial responsibility. In cases of divorce and/or joint legal custody, regardless of decree or court orders, the parent who initiated services and signed the Financial and Insurance Policy Agreement will be financially responsible.

**Confidentiality Agreement:** By signing this document, you are entering into a financial agreement with the Brent Woodall Foundation for Exceptional Children and you agree to keep that arrangement private. Discussing your financial arrangement to non-essential parties could result in a termination of the financial agreement by the BWF.

I, \_\_\_\_\_, agree to be financially responsible for the total payment of treatment  
Name of Responsible Party  
performed by the Brent Woodall Foundation for Exceptional Children for \_\_\_\_\_.  
Child's Name

I certify that I have read this Financial and Insurance Policy and Agreement and understand and agree to follow the policies and be personally and fully responsible for payment.

\_\_\_\_\_  
Printed Name of Responsible Party

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

**WAIVER AND INDEMNITY AGREEMENT**

We, \_\_\_\_\_ (parent 1) and \_\_\_\_\_ (parent 2) acknowledge and agree to receive educational training from representatives of the BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN (“Indemnatee”), a Texas 501©3 corporation with its principal office located at 3021 Gateway Drive, Suite 295, Irving, Texas, 75063 (the “Company”) pursuant to the following terms:

1. I understand that this Agreement does not create an obligation by the Company of its consultants to work with me or my family on an ongoing basis.
2. I understand that selected representatives from Indemnatee will work with me or designated representatives of my family regarding the training of Applied Behavior Analysis (“ABA”). I recognize that the designated representatives are trained in ABA work, and are NOT TRAINED MEDICAL PHYSICIANS. THEY ARE NOT TRAINED OR LICENSED TO PROVIDE A MEDICAL DIAGNOSIS OF ANY KIND OR TYPE.
3. I and my family shall indemnify, defend, and hold harmless Indemnatee, the subsidiaries and parent corporations of Indemnatee, each director, officer, employee, consultant, and agent of Indemnatee or any of its subsidiaries or parent corporations, and each affiliate of Indemnatee and its subsidiaries and parent corporations, and their respective heirs, legal representatives, successors, and assigns (collectively, the Indemnatee Group”), from and against any and all claims, actions, causes of action, demands, assessments, losses, damages, liabilities, judgments, settlements, penalties, costs, and expenses (including reasonable legal fees and expenses), of any nature whatsoever, whether actual or consequential (collectively, “Damages”), asserted against, resulting to, imposed upon, or incurred by any member of the Indemnatee Group, directly or indirectly, by reason of or resulting from receiving educational training for my child or children.

Any suggestions made to seek other services are simply suggestions. If the client chooses to follow the suggestions, the client assumes full responsibility for all charges and/or damages resulting from services. The client will hold the clinician, and all associated individuals, harmless for any and all obligations, damages, and charges resulting from services rendered by others.

Counseling/therapy is not a “quick fix” or a “cure all.” It may or may not produce desirable results and, for some, may be detrimental. If at any time, you are not satisfied with the progress, approach, or techniques, you are encouraged to address this with the counselor, and you or the counselor may consider if services are still serving your needs at any time. Persistent lack of response to intervention may necessitate termination of treatment and/or referral to another healthcare provider for further treatment.

4. This Indemnity Agreement shall insure to the benefit of and be binding upon the respective heirs, executors, administrators, successors, and assigns of the Indemnatee and the undersigned.

5. This Agreement contains the entire agreement between the parties. No modification or amendment of this Agreement shall be of any force or effect unless made in writing and executed by the parties.
6. This Agreement, and the rights and obligations hereunder, may be assigned by Indemnitee to any of its affiliates at any time without the consent of the undersigned.
7. I agree that exclusive venue and jurisdiction of any dispute arising hereunder shall be in Dallas County, Texas, and that the terms and provisions of this Agreement shall be governed by and construed in accordance with the laws of the State of Texas without reference to its choice of law rules.
8. Except as expressly set forth herein, all disputes and claims relating to or arising out of this Agreement, including but not limited to all federal and state laws pertaining to the relationship, rights and obligations of the parties hereunder shall be settled totally, finally, and exclusively by binding arbitration in the City of Dallas, Dallas County, Texas, in accordance with the Federal Arbitration Act and the Commercial Arbitration Rules of the American Arbitration. Notice of such claim must be served on the other party within sixty (60) days of its inception to be valid. The decision of the Arbitrator(s) shall be final, and the judgment upon the award rendered by the Arbitrator may be entered in any court having jurisdiction thereof. This agreement to arbitrate shall survive the termination of this Agreement for any reason. The parties further agree that they may use alternate dispute resolution, including mediation, to resolve any differences and disputes between them.

AGREED TO BY:

Name (parent 1) \_\_\_\_\_

Name (parent 2) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

\*\* We require signatures from both legal parents/ guardians. If you have sole custody, please provide documentation.

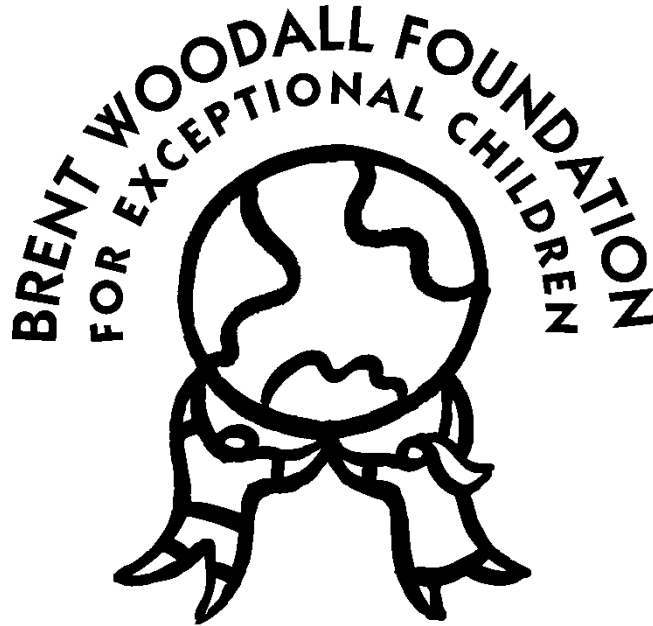
ACKNOWLEDGED BY: BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



# **Client Handbook**

January 2017

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## **Mission**

The mission of the Brent Woodall Foundation is to empower parents of children with autism and developmental disabilities and to encourage their involvement in their children's therapy by providing educational training, customized academic and behavioral plans, psychological assessments, and modest financial support.

## **Philosophy**

While there is no cure for autism, there are many treatments available. The Brent Woodall Foundation (BWF) uses the principles of Applied Behavior Analysis (ABA) to teach and improve the level of functioning in children with autism. Children with developmental disabilities often have serious deficits (i.e. none or limited expressive/receptive language, limited social skills, limited independent living skills, etc.) and ABA has been used to teach a variety of skills to overcome such deficits. In addition, ABA has been shown to successfully decrease behavioral excess (i.e. aggressive behaviors, tantrum behaviors, etc.) often demonstrated by children with autism. ABA uses rewards to engage children and teach them new skills. The therapy involves a breaking down of skills into small, discrete, and measurable tasks that are taught through a highly structured clinical method. ABA is the only intervention empirically proven to provide results. What makes our approach unique is not only are the programs clinically individualized to address each child's particular cognitive problems, social deficits, and behavioral issues, but they also take into consideration the roles various family members can play in the treatment of the child. All services provided by the Foundation are offered at little to no cost. Our programs show families how to connect with their children not only by educating them about autism and other developmental disabilities, but also by providing them with the technical training necessary to understand their children's treatment programs and how to carry these programs out at home.



# Clients Rights and Responsibilities

Brent Woodall Foundation for Exceptional Children is committed to respecting the rights and responsibilities of all clients and their family.

Client and family rights are:

- Right to reasonable access to care and treatment and/or accommodations that are available regardless of one's race, color, creed, religion, sex, sexual orientation, gender identity, national origin, ethnic affiliation, disability, or age
- Confidentiality and privacy
- Interactions that are sensitive to his/her culture
- Religious freedom
- Personal dignity
- Personal safety including freedom from unnecessary restraint, and freedom from physical and psychological abuse and neglect
- Accept or refuse services
- Inspect and review the personal records
- Internal and external grievance procedures
- Provision of services in the most appropriate, least restrictive environment
- Receive information in an understandable manner on the results of evaluations, examinations, and treatments

Client and family responsibilities are:

- To notify the practitioner when a cultural situation exists concerning the care process
- To participate in individual planning, decision making, and implementation
- To provide, to the best of their knowledge, accurate and complete information and to report any changes in client's condition to the practitioner
- To ask questions and participate in discussions about their plan of care
- To inform the care team if they do not clearly understand a contemplated course of action and what is expected of them
- To provide accurate personal identification information
- To provide updated financial information and meeting any financial obligation
- To Provide updated medical/educational records
- To adhere to the company waiver and indemnity agreement, and client policy acknowledgement, including but not limiting to:
  - Parent involvement requirements
  - Monthly meeting with client's BCBA
  - Didactic monthly parent involvement
  - Financial and billing policy and agreement set by the BWF
  - Filming and photography participation
  - Registration and scheduling policy including cancellation and sick day policy
  - Duplication of service policy
  - Adult code of conduct policy
  - Observation policy
  - Child safety policy including freedom from unnecessary restraint and freedom from physical and psychological abuse and neglect

## Registration & Scheduling Policy

The Brent Woodall Foundation provides therapy year round, within a three Cycle format.

- Spring Cycle- January - May
- Summer Cycle- June - August
- Fall Cycle- September – December

Parents must register for their child's therapy for each Cycle. When completing the registration form, parents will indicate their top 2 preferred session schedules. No schedule is guaranteed; therefore, it is required an alternate schedule be provided. Sessions are given out on a first come, first served basis.

There is a waiting list for Saturday sessions, and these are not guaranteed. Once reviewed, parents will receive an email confirmation of their approved schedule. Please note, requested schedules are not guaranteed until they are confirmed in email by a director. Changes in the client's insurance authorization may require changes in schedule and those changes will be made accordingly.

Registration forms are due December 1<sup>st</sup> for the Spring Cycle, May 1<sup>st</sup> for the Summer Cycle, and August 1<sup>st</sup> for the Fall Cycle. The Registration Fee of \$50 will be waived for all who turn in their registration form on or before the due date. Any forms turned in after the due date will incur the \$50 registration fee. Please turn the registration form in to the black money box located on the wall in the waiting room. Please do not turn them into any staff members. Any schedule changes that occur without 30 days' notice will incur the Registration Fee of \$50. All accounts must be up to date and paid in full before schedules will be confirmed.

Sessions are scheduled by the hour. We do not provide half-hour sessions. Sessions are available Monday-Friday from 8am-6pm and Saturday 9am-5pm.

## Center Hours

The Brent Woodall Foundation is open Monday-Friday from 8:00am-6:00pm and Saturday 9:00-5:00pm.

Children must be escorted into the waiting room. Their therapist will pick them up in the waiting room at the time the therapy session is scheduled to begin and bring them back out to the parent when the session ends. Parents are responsible for their child while in the waiting room until the behavioral technician takes them for their session.

## Waiting Room Policy

The BWF waiting room is intended as a quiet place for parents and other family members to wait while their child attends therapy. Children under 14 should not be left in the waiting room unattended.

Parents should monitor their children closely while in the waiting room. Please, no climbing on the furniture or playing with the blinds. There should be no food or beverages, with the exception of bottled water.

## Center Closings

The Brent Woodall Foundation is closed for the following days each year:

Memorial Day

Independence Day

Labor Day

Thanksgiving Holiday (Thursday-Saturday)

Winter Break (TBD)

Staff Development Days (TBD)

Please visit our website for our complete calendar for specific closing dates.

## Cancellation Policy

Regular attendance is essential for each child's growth in therapy. A cancellation policy has been put in place to ensure smooth operations and keep costs as low as possible. Scheduled sessions are reserved especially for your child based on the Service Agreement. Therefore, that time cannot be used for another child and is time lost to the office. Children who miss more than 2 weeks of therapy, may lose their slot on the schedule. Please note, if a child does not use all of the therapy hours authorized by their insurance company, the insurance company will likely decrease the number of authorized hours in the next authorization period.

Sick Day Cancellations: Each child will receive 10 Sick Day Cancellations (regardless of makeup sessions) per calendar year. Notification of Excused Cancellations due to illness must be made by 8am the day of the absence. Notifications should be made via email to [tracy@woodallkids.org](mailto:tracy@woodallkids.org). If a child is sent home sick, this absence will be counted as a Sick Day Cancellation. Any cancellations for illnesses beyond the 10 allowed days will be considered an unexcused cancellation and the cost of the session will be charged to the parent.

Excused Absences: Children may take an Excused Absence with 30 days' notice. These can be used for vacations, doctors' appointments, and religious holidays. There will be no charge for these missed sessions. Notification of Excused Cancellations due to vacations must be made 30 days in advance.

Unexcused Cancellation: All cancelled sessions beyond the 10 Sick Day Cancellation sessions will be considered Unexcused Cancellations. If proper notice is not provided before a cancellation, it will be considered an Unexcused Cancellation. The client will be charged a Cancellation Fee in the amount of \$25 per hour missed. This fee cannot be billed to an insurance company or a grant organization. The Cancellation Fee cannot be used to pay for makeup sessions.

Make up sessions: Makeup sessions are provided as a courtesy to ensure children are able to receive the recommended therapy hours; however, they are not guaranteed. Makeup session will be provided upon request and based on schedule availability. **Makeup sessions must be requested by emailing [tracy@woodallkids.org](mailto:tracy@woodallkids.org) within 10 days of the missed session.**

## Sick Policy

If a child becomes ill while at our office, parents will be called to pick him/her up immediately. **Children must be fever, diarrhea, and vomit free for 24 hours without the use of fever reducing medication** before returning to the office after being ill. Following serious or extended illnesses, the BWF may require a note from a doctor allowing the child to return to therapy. Children may not come to therapy if they have had any of the following within 24 hours:

Chickenpox (Varicella)	Meningitis viral
Common Cold	Salmonellosis
Fever	Shigellosis
Gastroenteritis	Streptococcal sore throat
Giardiasis	Scarlet fever
Influenza	Undiagnosed rash
Meningitis bacterial	

In cases of an infectious disease outbreak, the office may be closed for a short time to sanitize before reopening. The proper health authorities as well as parents will be notified. Any child who is ill will not be admitted to the center unless approved in writing by a doctor.

## **Late Policy**

Therapy sessions have a specified start and end time. It is important children be on time for their session or group. It is disruptive for children to arrive late and they miss out on their therapy time. There will be no proration or make-ups for late arrivals. Children who are more than 30 minutes late to their scheduled session will be allowed to begin their session upon arrival; however, the hour will not be billable to your insurance company. In this case, the parent will be charged the full amount of the session.

We cannot accommodate children left past their scheduled therapy sessions. If parents are late picking their child, parents will be charged one dollar (\$1) for every minute you are late. The charge will be added to the next invoice. Insurance companies and grant agencies cannot be billed for these charges and therefore the family will be financially responsible for the charges.

## **Duplication of Services**

In order to have a successful ABA program, it is important there are not competing programs in place. It can become confusing and impede a child's progress to have two ABA providers. The Brent Woodall Foundation does not allow for a duplication of services, meaning that if the child is receiving ABA from another therapist or therapeutic center, the Foundation will not provide ABA therapy.

## **Health and Safety**

Prior to starting services, families must submit a written statement from a licensed physician who has examined the child within the past year. Current immunization records for each child are required prior to starting services. The child's immunization record should include date of birth, number of doses and type, and dates the child received the immunization. Compliance with this policy is measured by one or more of the following for each child enrolled:

- A dated record that the child has been immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella.
- A dated statement from a licensed physician or other authorized health professional stating that immunizations have begun. The immunization cycle must be completed as is medically feasible.
- A certificate signed by a licensed physician stating that the required immunizations would be injurious to the child's health.
- A notarized statement, signed by the parent, stating that immunizations conflict with religious beliefs and practices.

## **Medication and Supplement Policy**

The staff at the BWF is not permitted to administer medications or supplements to any client. Parents may issue medications and/or supplements to their children, but the medication and/or supplements cannot remain with the BWF staff. Parents must keep medication and supplements with them at all times. Medications and supplements cannot be put into a child's food or drinks. Epi Pens and other

emergency medication can be given with orders from a doctor. These medications must be kept in a locked medication box in the Director's office and a protocol for their use must be provided by a doctor.

## **Nut Free Environment**

The Brent Woodall Foundation is a nut-free zone. Clients cannot bring food that contains nuts of any kind. If items containing nuts are brought into the office, the BWF staff will be required to discard them immediately. For the safety of our children, we ask that anyone who has eaten or handled nut products prior to entering the BWF office to wash their hands thoroughly with soap and water.

## **Child Safety Policy**

In order to prevent any incidents due to a child's medical condition, it is mandatory for all clients to wear medical information tags at the BWF at all times. The information on the tag must include but is not limited to: child's name, diagnosis, medical conditions, food or drug allergies, and emergency contact number. Tags can be worn in the form of a medical bracelet or a necklace. Tags for tennis shoes are also available for children who resist any jewelry on their body. Parents may purchase the tags online or at a local store. All services will be withheld until the possession of the tag is confirmed.

## **Medical Forms**

A full medical history and list of current medications and supplements is required to be on file for each child. Please notify a Director of any changes in medications or supplements. In the unlikely event of a medical emergency, Directors depend upon up to date information.

## **Incidents and Emergencies**

Any time a client requires first aid for any reason, an incident report will be completed and a parent will be notified. In the unlikely event of a medical emergency, the BWF will notify parents after 911 has been called.

## **Disaster Plan**

In case of fire emergencies, all children will be escorted out of the building with their Behavioral Technician. Each child will have an emergency plan to ensure their safety should the occasion arise. Emergency contacts will be taken out and parents will be notified by phone as everyone waits in a safe location together.

In case of weather related emergencies, all children and any other people in the facility will be escorted to the innermost room. Weather will be tracked while staff maintains supervision. All emergency contacts for children will be notified by phone.

The BWF may close unexpectedly due to inclement weather or other emergencies in order to provide the safest environment for the children and families we serve. In the event of inclement weather, we will give information regarding closing on our outgoing voicemail. If parents are unsure if the BWF is open, they can call 972-756-9170 to get that information. The BWF staff will post closings with the major news stations. You should also check our Facebook page for up to the minute updates at [www.facebook.com/woodallkids](http://www.facebook.com/woodallkids).

In case of a natural disaster in which the BWF center is unable to be used, the BWF may close for a short time for repairs or to find an alternate location. In such case, parents will be notified and kept informed of plans to reopen the center and maintain therapy for clients.

## **Mandated Reporters**

All employees are mandated to report any suspicion of child maltreatment and must immediately notify their supervisor who will contact the appropriate authorities.

## **Background Checks**

As a precaution to our clients and to comply with all federal and state regulations, the BWF conducts background checks on all employees and contractors who work with our clients. Employment with the BWF is contingent on a clear background check.

## **Adult Code of Conduct**

The Brent Woodall Foundation (“BWF”) is committed to maintaining the highest standards of professionalism and ethical conduct in its operations and activities, and particularly as it achieves its Mission. It expects all persons who either enroll a student with BWF or who enter the premises (including the courtyard and adjacent parking lot) to maintain the highest ethical standards with an eye single to the child’s therapy and well-being. The purpose of this policy is to provide a reminder to all Adults and visitors to be expected to conduct themselves in a safe and positive way to create a suitable environment for our students.

Any and all parents, guardians, or other persons (“Adults”) must at all times maintain compliance with this and all policies in the Client Handbook. Clients who authorize non-client Adults to enter the premises or to interact with the Client’s child(ren) are responsible for the non-client Adult’s adherence to this and all policies in the Client Handbook both on and off the premises. A violation of this policy or any policy in the Client Handbook can lead to immediate termination of services. BWF has the sole and absolute discretion to determine whether this policy or any policy in the Client Handbook has been violated.

All Adults must use appropriate language and exhibit appropriate behavior at all times while at BWF. Should BWF determine in its sole and absolute discretion that an Adult has engaged in any behavior, conduct, or language that it deems inappropriate and in violation of this code of conduct, BWF reserves the right to ask the Adult to leave the premises and/or to prohibit the Adult from re-entering the premises in the future. BWF has a ZERO TOLERANCE policy regarding behavior that it deems inappropriate or harmful to the child (either on the premises, off the premises or otherwise through social media), and a violation of this policy can lead to immediate termination of services or otherwise prohibit the Adult from attending on premises classes with the child. BWF further reserves the right to seek legal remedies against an Adult it deems to be in violation of this and other policing including, but not limited to, procuring a restraining order against the Adult to prevent future occurrences of inappropriate or harmful behavior.

BWF takes all threatening, disparaging, inflammatory, and/or defamatory language and behavior seriously, even if purportedly made in jest, and will consider such language and behavior to be a violation of this policy. Examples of inappropriate behavior that would violate this policy include, but are not limited to:

- The use of language, words, or other communications that involve negative, threatening, accusatory, and/or disparaging language about a child, Client, other Adult, BWF Staff member, Behavioral Technician, or Case Manager;
- The use of foul language or cursing;
- The use of phone calls, text messages or social media as mediums to facilitate negative, threatening, accusatory, and/or disparaging language regarding BWF, its staff or its students;
- The use or display of tobacco products including cigarettes, cigars, e-cigarettes, chewing tobacco, vaporizers or “vape pens” and the like;
- The use or display of any illegal drugs or alcohol;
- The use or display of weapons or any object that can be perceived as a weapon;
- Standing, parking, or other unauthorized use of a handicap parking zone without a state-authorized license plate or temporary tag appropriately displayed on the vehicle;

The above list is not exhaustive, and the BWF reserves the right in its sole and absolute discretion to determine whether this or any policy in the Client Handbook has been violated. The above behavior on BWF premises may be reported to the appropriate legal authorities, even ban the offending Adult from entering BFW grounds.

The use of physical aggression towards another Adult or students is strictly prohibited, which includes physical punishment or corporal punishment against another adult or child – some actions may constitute assault with legal consequences. BWF trusts that all Adults will assist BWF with the implementation of this policy and thank you for your continuing support.

## Technology Policy

Children often times use technology (i.e. iPad, tablet, iTouch, portable DVD player) as reinforcement or as an augmentative communication system. Parents are responsible for labeling the device with their child’s code. Devices should be charged and come with a charger. The BWF will not be responsible for damage to any devices. It is recommended all devices have shock proof cases to protect them if dropped. Please download all aps and videos to the device as it cannot be connected to the BWF Wi-Fi.

## Service & Therapy Dogs

Children who have registered Service Dogs are permitted to bring them with them for therapy. Parents of children with Service Dogs should contact Tracy Pierce Bender in order to discuss and create a Service Dog Protocol. The Brent Woodall Foundation is home to Raven, a Therapy dog. She is a miniature poodle, hypoallergenic, and very friendly. Raven is often times used as reinforcement for children and has been used within programming.

## Communication Policy

Email is our main point of contact with each family. Invoices and important notifications will be sent through email. It is also the most efficient way for parents to communicate with the BWF. All appointments, schedule changes, and meeting requests must be made to Tracy Pierce Bender via email at [tracy@woodallkids.org](mailto:tracy@woodallkids.org). Please make sure your email account will accept email from the following: [info@woodallkids.org](mailto:info@woodallkids.org), [development@woodallkids.org](mailto:development@woodallkids.org), [carley@woodallkids.org](mailto:carley@woodallkids.org), [tracy@woodallkids.org](mailto:tracy@woodallkids.org), [irina@woodallkids.org](mailto:irina@woodallkids.org), and [yurmea@woodallkids.org](mailto:yurmea@woodallkids.org).

# Observation Policy

Observation of ABA therapy is welcomed as a time for the parent to observe their child's progress and take notes on therapeutic procedures/programs. Parents are welcome to observe their child's entire session or observe only a part of the session. A waiting room is available when parents are no longer observing their child or they may leave and return to pick their child up when his/her session is finished. Siblings are not permitted in the therapy rooms during observation. Please, do not leave children of any age unattended in the waiting room. Parents should plan to make arrangements for siblings during observation. Cell phones must be put away and turned to silent while in the therapy room. Cameras or any form of recording device are not permitted in the therapy room. Any violation of the rules stated for observation may result in the parent not being permitted to observe again.

Please note parent observations remain as a time for parents to observe their child and take notes. Parents should not ask the Behavior Technicians working with the child questions during this time. Parents are welcome to ask questions directly to their child's Case Manager or BCBA during their scheduled meetings or via email.

In order to preserve confidentiality of all our clients, parent observations are available by appointment only. In order to observe their child's session, parents must check in with the front desk and attain a Visitor's Pass. The safety, privacy, and quality of service for each child are the top priority. If at any time a Director feels these are being compromised for any reason, parents may be asked to leave. Once granted a Visitor's Pass, the parent must stay with their child and the Behavioral Technician. Parents are not permitted to walk around the office or to observe or talk to other children.

# Required Parent Involvement

Parent involvement is essential to the success of each client. Parents will work with their BCBA to develop parent goals to be completed at home. Parents will have a binder with their goals. Data must be collected and submitted weekly to the Case Manager. These goals are developed and training will be provided during individual parent meetings and Group Parent Trainings.

All BWF parents are required to attend at least one (1) meeting per month with their child's Case Manager. Monthly parent meetings will be scheduled on a fixed day and time of the month (e.g. every second Tuesday at 4:00 or every last Monday at 10:00, etc.) during the child's scheduled session. This will give parents the opportunity to be informed of the programs their child is working on. Meetings with your child's BCBA will be scheduled as needed without the child present. In order to reschedule or cancel a regularly scheduled parent meeting, parents must provide notice 48 hours prior to the meeting. This meeting can only be rescheduled once a month.

In addition to individual parent meetings, parents are required to attend at least 3 hours of Group Parent Training per month. These Group Parent Trainings will be offered for free at the BWF office. The goal of these Group Parent Meetings is to facilitate the sharing of information, skills, experiences, and resources intended to strengthen, improve, and enrich family life. The schedule for these meetings will be given out in advance and will be posted on our website and in the waiting room. If parents choose not to attend our Group Parent, they must bring a certificate of attendance from an outside conference or workshop to fulfill this requirement.



Failure to meet the parent involvement policy may result in suspension of client services or changes in authorization from the insurance company. Failure to follow recommendations of the BCBA may result in lack of progress or regression.

## **BCBA Supervision**

BCBAs provide program supervision for each client. The standard rate of supervision is 1 hour per 10 hours of therapy. The number of supervision hours may vary from client to client based on need. Supervision hours will be set based on recommendations from the BCBA and approval from the parents.

## **Confidentiality of Information**

All employees must abide by all state and federal laws, rules, and regulations as well as the BWF's policy on respecting and keeping confidential information. Employees will not divulge any information concerning any client-family member to any unauthorized person.

## **Staff Interaction Policy**

When your child begins therapy at the BWF, they will be assigned a Case Manager. The Case Manager will be responsible for updating the programs, training Behavioral Technicians on issues specific to each child, and meeting with and updating parents on the program. If you have any questions, please direct them to your child's Case Manager, not the Behavior Technician.

Often times, parents wish to give gifts to our staff members. We ask that parents not give individual gifts. We are a team and each member of our team is important to the success of each and every client. While it is not necessary, if you wish to give a gift to our staff, we ask that it be something we can enjoy together as a team.

It is our policy that our staff does not communicate with clients outside of our office via social media. Additionally, they are not permitted to accept outside work (i.e. babysitting) as it can be a conflict of interest.

