



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 BWF, please complete and provide all documents as noted in 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, we will contact you to set up the Family FIRST (Free Individualized Review and Structured Training) at no cost to you. This free service is provided by the BWF in our therapeutic center in Irving, Texas, 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, we 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. If you will be utilizing primary in-network insurance as the method of payment, please understand the process may take a few weeks for proper authorizations. More details on the insurance process can be discussed case by case with our billing specialist upon receipt of a copy of the insurance ID card.

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

Family FIRST, Intake Packet, & Scheduling: Nicki Scott n.scott@woodallkids.org 972-756-9170 ext. 1000

Billing & Insurance: Darcey Newsum d.newsum@woodallkids.org 469-250-7775 direct line

Turn in completed application to:

Brent Woodall Foundation for Exceptional Children
ATTN: Nicki Scott
7801 Mesquite Bend Dr. Suite 105
Irving, Texas 75063
Fax: 214-614-4650
E-mail: n.scott@woodallkids.org

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DOCUMENT CHECKLIST

In order for the application to be processed, please provide **all** of the information listed below (items 1-8):

___ 1) Intake Packet (Submit pages 6-19, and 34 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 Consent Form
- Signed Authorization for Release of Therapeutic Information Form (HIPAA) 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 as confirmation

- Signed Waiver and Indemnity Agreement
- Signed and Notarized Client Policy Acknowledgment form (PG. 34)

___ 2) Child's recent photo (head shot in size 4x6)

___ 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 the 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 all current insurance cards (front and back) is required if primary in-network insurance is used as a method of payment. The BWF will only accept and file claims with in-network and primary insurance plans.

Please send copies only - original documents will not be returned

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 (BCBAs) at the foundation will make a treatment recommendation. Children can receive up to 40 hours of therapy per week. Each child is assigned a BCBA who will set and update their goals.

Social skills groups

The children in these groups vary in age from 2-12 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.

Academic and Language skills groups

These group programs are month long programs with prepayment of the session on the 1st 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. We accept private pay only as they are not covered by insurance or any grant program. Pro-rating, make ups, and refunds are not available.

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

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

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

Our BCBAs 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.

METHODS OF PAYMENT

Insurance: The BWF is committed to helping maximize each child's insurance benefits. Insurance policies vary greatly and due to the complexity of insurance contracts and coverage, we can only estimate benefits in good faith. We will confirm your primary insurance carrier's network status with BWF, contact an in-network plan to confirm eligibility and benefits and obtain necessary pre-authorizations, but coverage cannot be guaranteed. It is highly recommended you verify services are covered as of the time they are to begin. We only accept and file claims with primary in-network insurance plans and do not accept or obtain authorizations for secondary insurance or out-of-network plans.

Private Pay: Families who do not have insurance coverage for ABA as noted above may choose to pay privately for therapy services. Pricing information can be obtained by contacting our billing department. We also offer lower cost BLIP and Afterschool Academy programs as an alternative. 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 the method of payment. Once approved, it applies to all services except BLIP, Afterschool Academy, consultations, deposit, and cancellation, schedule change or late pick-up fees. Insurance coded invoices are not provided to clients who are using the Sliding Rate Scale and we require an insurance denial letter or verification of no insurance coverage for ABA. When using sliding rate scale with grant funding, submit a sliding rate application and obtain approval before filing out grant applications. Let us know which grants you are applying for as soon as possible so that we can complete the appropriate referral. Please contact our office for the sliding rate scale application.

Grant Funding: Clients receiving funding from a third party grant agency must provide the approval letters to us 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 a copy of invoices sent to the grant agency and are expected to keep track of the grant balance and know when 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 Home and School of Texas: <https://www.masonichometx.org/child-family-services/>

Variety of Texas: <https://www.varietytexas.org/apply/>

National Association of Autism - North Texas: <http://www.naa-nt.org/support/scholarships-and-grants/>

ACT Today: <http://www.act-today.org/apply-for-grant/>

United Healthcare Children's Foundation: <https://www.uhccf.org/apply-for-a-grant/>

Gill Children's Services (for Tarrant County families): <https://www.gillchildrens.org/apply>

**The Brent Woodall Foundation for Exceptional Children
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"/> Not sure

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 – PRIMARY COVERAGE

Insurance Carrier: _____

Subscriber's Name: _____

Subscriber's DOB: _____ Social Security Number: _____

Subscriber/Member ID #: _____

Group #: _____ Employer/Group Name: _____

Provider Customer Service #: _____

Is the child enrolled in any other insurance plan? Yes No If yes, please provide a copy of ID card so the primary plan can be determined. Note: The BWF will only file with a primary insurance plan, not secondary.

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: _____

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/Tardy | <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:

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

Age child began (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"/>

HEALTH HISTORY

Medical Information

Child's Height: _____ Child's Weight: _____

Diagnosis: _____ Date of Diagnosis: _____

Diagnosing Physician: _____ Phone: _____

Pediatrician: _____ Phone: _____

Diet Specifications: _____

Allergies: _____

Medication	Dosage	Physician Name/Phone#	Purpose	Possible Common Side Effects

Please list any other Physicians caring for your child. Please include the reason for their care and their contact information: _____

Please check if your child has a history of:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Sleep difficulties | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Drooling |
| <input type="checkbox"/> Staring episodes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Chewing problems | <input type="checkbox"/> Motor/vocal tics |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Swallowing difficulties | <input type="checkbox"/> Bowel problems | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Bladder problems | | | |

Previous hearing test results: Normal Abnormal

Previous vision test results: Normal Abnormal

Medical History (frequency of those checked above, if your child was sent to the hospital for anything, if your child has concurring issues, or if your child takes medication for any problem):

Please identify if the child has had any of the following diseases by writing the age he/she had the disease on the line. Chickenpox: _____ Measles: _____ Mumps: _____
Age Age Age

Are all immunizations up-to-date? Yes No

If "no", list which ones are not up to date: _____

Child's Religious or Spiritual Background: _____

Are there any legal issues involving your child (divorce, custody, lawsuits, etc)? Yes No
 If yes, please describe the custody arrangements pertaining to custody, educational, and medical decision making and attach related court documents. _____

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:
 (Information is only used for assessment/evaluation, and 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 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 the 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 Private Therapy Services NOT Provided by the 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, dates attended, and 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: _____
Assessment: _____ Date: _____

**The Brent Woodall Foundation for Exceptional Children
MEDICAL INFORMATION AND RELEASE FORM**

Basic Information

Child's name: _____ Child's DOB: _____
 Parent's Name: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____

Medical Information

Diagnosis: _____
 Allergies: _____
 Medications: Please include all prescription medications, over the counter medications, and vitamins/supplements.

Medication/Vitamin/ Supplement	Dosage	Purpose	Prescribing Physician

Communication:

Verbal Communicator Minimally Verbal Communicator
 Communicates with an AAC system Gestural Communicator Non-verbal

Behavioral Concerns:

Aggression to others Self-injury Child has a BIP

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 it is current.

Parent Signature: _____ Date: _____
 Parent Signature: _____ Date: _____
 Parent Signature: _____ Date: _____

The Brent Woodall Foundation for Exceptional Children
FILMING AND PHOTOGRAPHY PARTICIPATION AND CONSENT FORM

Introduction: The Brent Woodall Foundation for Exceptional Children uses photography and video of clients and their children to promote education and awareness to other parents and to advertise our services. The BWF is requesting consent to film and photograph your child during various activities including 1:1 ABA therapy, group ABA therapy, consultations, and summer camps.

The videos and pictures will assist in promoting and advertising the services we provide to children and their families and may appear on our website, Facebook, and brochures. Staff members may use videos of clients demonstrating teaching skills and techniques in parent and professional training workshops. Your child's image (under a pseudonym) may appear in newspaper, magazine, and/or publications promoting our services. All film and photography will be taken during regularly scheduled BWF sessions.

Voluntary Participation: Decision to participate or not does not affect your relationship with the BWF.

Procedures for Maintaining Confidentiality of Research Records: If you give permission for your child to participate any relevant footage may be used for our website or advertisement purposes. No identifiable information about your child will be provided and the confidentiality of this individual information will be maintained in any publications or presentations, unless you specify otherwise.

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 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 educational purposes such as conferences, parent training, and staff training; 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

Date

Signature of Parent/Guardian

The Brent Woodall Foundation for Exceptional Children
AUTHORIZATION FOR RELEASE OF THERAPEUTIC INFORMATION (HIPAA)

Child'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 with the following people, companies, organizations:

- Insurance Company
- Grant Organizations or 3rd 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)

- I do not give my permission to release information to anyone other than the insurance company or 3rd party funding source.

This authorization will remain in effect from the date of my signature below 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 and 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

The Brent Woodall Foundation for Exceptional Children FINANCIAL AND BILLING POLICY AND AGREEMENT

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

Financially Responsible Party Name: _____ **Relationship to Child:** _____

Initial Deposit: For children receiving more than 6 hours of therapy per week a \$1000 deposit (\$500 if 6 hours or less) is due before the child starts services. The deposit will be fully refunded only when a written 30-day cancellation notice is given, services have ended and the account balance is \$0.00.

Insurance: We are committed to helping maximize each child's insurance benefits. Insurance policies vary greatly and due to the complexity of insurance contracts and coverage, we can only estimate benefits in good faith. We will confirm your primary insurance carrier's network status with BWF, contact an in-network plan to confirm eligibility and benefits and obtain necessary pre-authorizations, but coverage cannot be guaranteed. It is highly recommended you verify services are covered as of the time they are to begin. We only accept and file claims with primary in-network insurance plans and do not accept or obtain authorization for secondary insurance or out-of-network plans.

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 plan with any problems or questions. 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 our billing department know any and all updated information on your insurance coverage including change in coverage, new insurance ID card, etc. If we are not notified in a timely manner, the responsible party will be billed for services not covered or denied. We have the right to suspend services until new insurance is verified and/or necessary pre-authorizations are in place. If the responsible party wants to continue services for the child 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 as noted above may choose to pay privately for therapy services. Pricing information can be obtained by contacting our billing department.

Grant Funding: Clients receiving funding from a third party grant agency must provide the approval letters to us 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 a copy of invoices sent to the grant agency and are expected to keep track of the grant balance and know when to reapply. If the grant organization does not pay the invoices, the Financially Responsible Party will be responsible for the balance due.

Sliding Rate Scale: This is available to those in need who are using private pay or grant funding as the method of payment. Once approved, it applies to all services except BLIP, Afterschool Academy, consultations, deposit, and cancellation, schedule change or late pick-up fees. Insurance coded invoices are not provided if using the SRS and we require an insurance denial letter or verification of no insurance coverage for ABA.

Payments: We require a credit card authorization to remain on file and will charge weekly for charges incurred in the previous week. Depending on the child's insurance benefits, this charge could be for a co-pay, deductible, co-insurance 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, we may suspend services until payment is made.

Collection Fees: Fees incurred to collect payments will be billed to and payable by the Financially 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 Financially 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 Financially Responsible Party

Relationship to Client

Signature of Responsible Party

Date

The Brent Woodall Foundation for Exceptional Children
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 (“Indemnitee”), a Texas 501©3 corporation with its principal office located at 7801 Mesquite Bend Dr. Suite 105, Irving, Texas 75063 (the “Company”) pursuant to the following terms:

1. I understand that this Agreement does not create an obligation by the Company or its consultants to work with me or my family on an ongoing basis.
2. I understand that selected representatives from Indemnitee 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 Indemnitee, the subsidiaries and parent corporations of Indemnitee, each director, officer, employee, consultant, and agent of Indemnitee or any of its subsidiaries or parent corporations, and each affiliate of Indemnitee and its subsidiaries and parent corporations, and their respective heirs, legal representatives, successors, and assigns (collectively, the Indemnitee 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 Indemnitee 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 Indemnitee 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 legal documentation.

ACKNOWLEDGED BY: BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN

Signature: _____

Name: _____

Title: _____

Date: _____



Client Handbook

2019

HANDBOOK TABLE OF CONTENTS

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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.

Notice of Privacy Policies

Effective January 1, 2019

Protected Health Information (PHI):

Protected Health Information (PHI), also referred to as personal health information, is information about the clients that can be used to identify the client. PHI can be in any form including electronic, word of mouth, and handwritten. This includes but is not limited to:

Client's Name	Date of Birth	Service Dates
Telephone Number	Social Security	Diagnosis
Address	Number	

For more information on the BWF Privacy Practices please contact:

Brent Woodall Foundation for Exceptional Children
7801 Mesquite Bend Drive. Suite 105
Irving, Texas 75063
Email: info@woodallkids.org
Phone: 972-756-9170
Fax: 214-614-4650

The client's PHI may be used:

To provide treatment:

The BWF will use the client's PHI within our therapeutic center to provide the highest quality services possible. A client's PHI may be disclosed to any and all BWF staff involved in the client's treatment. PHI may also be used to coordinate and collaborate with other services providers who are also treating the client.

To obtain payment:

A client's PHI may be included in an invoice and/or electronic claim form used to bill and collect payment for services from an insurance company, responsible financial party, or third party payer. PHI may also be disclosed when verifying insurance coverage and when obtaining prior authorization for services from insurance companies.

To conduct operations in the therapeutic center:

A client's PHI may be disclosed and used in the general operation of the therapeutic center to maintain and improve the quality of services provided. This may include check in/check out procedures; staff training and evaluation; evaluation of therapeutic models to determine how to increase the efficiency and effectiveness of treatments; and evaluation of recommendation for services for the client. PHI may also be disclosed to insurance companies and accreditation organization during routine activities associated with credentialing, licensing and accreditation. A clients PHI may be used by the BWF administrative team when communicating via mail, e-mail, electronic reminders, and phone.

When required by law or the BACB code of ethics:

Employees of the BWF are designated as mandated reporters and therefore must comply with disclosure laws. This may include but is not limited to the disclosure related to: abuse or neglect, court orders, subpoenas, warrants, or other lawful processes. PHI may be disclosed in cases regarding public health and safety order to prevent or control disease, injury, or disability.

In the event of a breach in HIPAA or unauthorized release of PHI, the effected clients will be notified and a plan will be put into place to correct the breach.

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:

- The 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.
- The right to confidentiality and privacy.
- The right to interactions that are sensitive to his/her culture
- The right to religious freedom.
- The right to personal dignity.
- The right to personal safety including freedom from unnecessary restraint, and freedom from physical and psychological abuse and neglect.
- The right to accept or refuse services.
- The right to know the name, role, and credentials of the people involved in the child's treatment.
- The right to inspect and review the personal records and have the information explained.
- The right to internal and external grievance procedures.
- The right to provision of services in the most appropriate, least restrictive environment.
- The right to receive information in an understandable manner on the results of evaluations, examinations, and treatments.
- The right to know and have access to office resources such as directors and administrators that can help you resolved problems and answer questions pertaining to your care.

Client and family responsibilities are:

- The responsibility to notify the BWF when a cultural situation exists concerning the care process.
- The responsibility to participate in individual planning, decision making, and implementation.
- The responsibility to provide, to the best of their knowledge, accurate and complete information and to report any changes in client's condition to the practitioner.
- The responsibility to ask questions and participate in discussions about their plan of care.
- The responsibility to inform the care team if they do not clearly understand a contemplated course of action and what is expected of them.
- The responsibility to provide accurate personal identification information.
- The responsibility to provide updated financial information and meeting any financial obligation.
- The responsibility to provide updated medical/educational records and placement.
- The responsibility to provide updates on additional therapy services being received by the child.
- The responsibility to respond to communication from the staff of the BWF.
- The responsibility to adhere to the company waiver and indemnity agreement, and client policies laid out in the Client Handbook.

Registration and Scheduling Policy

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

- Spring Cycle - January through May
- Summer Cycle - June through August
- Fall Cycle - September through 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 our Nicki Scott, our Office Manager. Changes in the client's insurance authorization may require changes in schedule and those changes will be made accordingly. Registration forms are due December 1st for the Spring Cycle, May 1st for the Summer Cycle, and August 1st 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 or schedule changes that occur without 30 days' notice will incur a \$50 registration or change fee.

Please turn the registration form in to the black mailbox located on the wall in the waiting room. Please do not turn them into any staff members. All accounts must be up to date and paid in full before schedules will be confirmed. Sessions are scheduled by the hour on the hour. We do not provide half-hour sessions. Sessions are available Monday-Friday from 8 a.m. – 6 p.m. and Saturday 9 a.m. – 5 p.m.

Center Hours

The Brent Woodall Foundation is open Monday-Friday from 8:00 a.m.- 6:00 p.m. and Saturday from 9:00 a.m.- 5:00 p.m. 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 age 14 should not be left in the waiting room unattended. Parents should monitor their children closely while in the waiting room. There should be no food or beverages, with the exception of bottled water. Please do not allow your children to climb on the furniture or play with the blinds.

Center Closings

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

Memorial Day	Thanksgiving Holiday (Thursday-Saturday)
Independence Day	Winter Break (TBD)
Labor Day	Staff Development Days (TBD)

Please visit our website for our complete calendar with 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 and for your parent training based on the mutually agreed upon schedule of services. That time cannot be used for another child and is time lost to the office in the event of cancellation. 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.

Cancellations: Each child is allowed 12 cancellations (regardless of makeup sessions) per calendar year without charge. Cancellations are counted for any reason: illness, medical appointments, family emergencies, special holidays, child sent home sick, missed parent training etc. Extended illness lasting 3 or more consecutive days may be counted as one cancellation provided we receive a doctor's note and if the sessions after the first day of illness are cancelled with 24 hours notice.

Notification of cancellations should be made by 8 a.m. the day of the absence or as soon as reasonably possible by sending an email to Nicki Scott at n.scott@woodallkids.org. If a child is sent home sick, this absence will be counted as a cancellation. Any cancellations beyond the 12 allowed will be charged at a rate of \$25 per partial day cancellation (1-3 hours) and \$50 per full day cancellation (4+ hours). This fee cannot be billed to an insurance company or grant organization and cannot be used to pay for makeup sessions.

Excused Absences: Children may take an excused absence with 30 days notice. These can be used for vacations, medical appointments, and special holidays. There will be no charge for these missed sessions and they do not count as a cancellation. Notification for these excused absences must be made 30 days in advance of the scheduled service by email to Nicki Scott and n.scott@woodallkids.org. Verbal notification is not accepted.

Make up sessions: Makeup sessions are provided as a courtesy to ensure children are able to receive the recommended therapy hours but are not guaranteed. Makeup sessions will be provided upon request and based on schedule availability. Make up sessions must be requested by emailing Nicki Scott at n.scott@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 the child 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)	Influenza	Streptococcal sore throat
Common Cold	Meningitis bacterial	Scarlet fever
Fever	Meningitis viral	Undiagnosed rash
Gastroenteritis	Salmonellosis	
Giardiasis	Shigellosis	

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.

Arrival and Pickup Policy

Parents should check in their children at drop off and check them out at pick up. Therapy sessions have a specified start and end time. It is important children be on time and attend their full session or group. There will be no proration or make-ups for late arrivals or early pick-ups.

Effective January 1, 2019, billing insurance plans will require the child to be present for at least half of each 15-minute unit of service time. If we are unable to bill the insurance plan due to late arrival or early pick-up, the parent will be responsible for payment of \$15 for each 15-minute unit of service time that was not billed to insurance. If a child is consistently late for their scheduled session, their schedule may require a change to accommodate a punctual arrival and pick-up time.

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 BWF will not provide ABA therapy.

Coordination of Care

Parents are required to sign a release of information in order for the Brent Woodall Foundation for Exceptional Children (BWF) to be able to share information regarding the child's treatment and progress with a third party service provider. If consent is obtained, the BWF will coordinate with any medical, psychological, educational, or therapy service, as necessary for use of behavioral strategies for implementation and generalization of target goals and objectives, or any other purposes indicated by the child's family or other service providers. We will not coordinate or collaborate with those whose services have not been empirically proven methods of treating autism.

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. Parents must complete a new Medical Information and Release form any time there are changes in medications or supplements. In the unlikely event of a medical emergency, Directors and emergency personnel depend upon up to date information.

Incidents and Emergencies

If 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 we 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. Our 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.

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 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 adjacent parking lots) to maintain the highest ethical standards with regard 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 adult persons 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 Director;
- 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, including banning the offending adult from entering BWF 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 apps and videos to the device as it cannot be connected to the BWF Wi-Fi.

Service and 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 at tracy@woodallkids.org 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 us. All appointments, schedule changes, and meeting requests must be made to Nicki Scott via email at n.scott@woodallkids.org. Please make sure your email account will accept email from the following: info@woodallkids.org, development@woodallkids.org, irina@woodallkids.org, carley@woodallkids.org, tracy@woodallkids.org, d.newsum@woodallkids.org, and n.scott@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 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 folder with their goals. Data must be collected and submitted weekly to the BCBA. 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 meeting per month with their child's BCBA. Additional parent training may be required by individual insurance companies. 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 a regularly scheduled parent meeting, parents must provide notice 2 weeks prior to the meeting.

In addition to individual parent meetings, parents are required to attend at least 2 hours per cycle of continued education related to Applied Behavior Analysis. The BWF will periodically send out e-learning opportunities to assist you in fulfilling this requirement. Parents may choose to attend parent training conferences that are offered in the area as well. Each month parents will be emailed a Parent Involvement Activity. This will include information on a specific topic related to ABA therapy and children with autism. It will come with questions designed to prompt further thought and discussion about how that topic relates to the child and family. Answers to these questions and any additional questions they spark will be discussed during individual parent meetings. Parents are required to participate and respond to at least 6 of these emails per year.

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.

Level of Care and Transition Plans

The Brent Woodall Foundation for Exceptional Children employs strategies to ensure skills are being taught to generalization. These strategies include practicing skills with a variety of people and materials as well as working with the family unit to ensure the skills which have been mastered in the therapeutic setting are also being practiced in the child's everyday life.

The BWF maintains that in some instances some level of Applied Behavior Analysis (ABA) intervention may always be required to maintain specific behaviors, in which case attempts to continue necessary programming and treatment must be made. The BWF abides by a three phase system of care. Transitions from each phase are determined on an individual basis.

Phase 1: Comprehensive ABA Program

Comprehensive ABA Therapy is generally provided at an intensity of 16-40 hours per week. Children with autism who receive comprehensive ABA therapy have the greatest chance achieving an optimal functioning level in school, at home, and in the community. The goal of Comprehensive ABA therapy is for the child to attend school with little to no support from special education. Therapy plans are customized for each child and are based on a thorough evaluation of the child's current skill level.

Treatment generally begins by training basic pre-learning skills such as eye contact, appropriate sitting and basic imitation. The therapy program quickly adjusts as the child responds to treatment and new and more advanced skills are introduced as the child masters these basic skills. All programming seeks to develop communication and cognitive skills while reducing or eliminating self-stimulatory and maladaptive behaviors. All skills are taught to independence through the use of peer reviewed teaching strategies. Services are delivered in both a one-to-one and small group format depending on the needs of the individual.

Phase 2: Targeted ABA Program

Targeted ABA Therapy is generally provided at an intensity of 6-15 hours per week. Targeted ABA Therapy provides a focus on 3-5 specific skills which affect the child's level of independence in their school placement or in the community. Target skills might include increasing language and communication skills, increasing conversation and social skills, increasing compliance, or decreasing maladaptive or aggressive behaviors. All skills are taught to independence through the use of peer reviewed teaching strategies. Services are delivered in both a one-to-one and small group format depending on the needs of the individual.

Phase 3: Discharge from Therapy

The BWF will consider discharging a client when any one of the following conditions is met:

- The client has achieved mastery criteria for all age appropriate goals.
- The client no longer meets the criteria for ASD (as determined standardize protocols).
- The client turns 12.
- The family is no longer interested in receiving services.
- The family and the provider are not able to reconcile important issues regarding treatment planning and delivery.

Staff Interaction Policy

When your child begins therapy at the BWF, they will be assigned a BCBA. The BCBA 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 BCBA, 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. Staff are not permitted to socialize with clients outside of the BWF office.

Waitlist Policy

The BWF works hard to allow for children to start receiving therapy as soon as possible. Often times, we have to wait for the funding source to authorize therapy. We will communicate with parents as necessary during these wait times. If there is a waiting list, we will offer parents options for less

intensive services that they could access while waiting. If the BWF is not able to provide services within 6 months, parents will be given referrals for other providers in the area.

Grievance Policy

Parents who have a concern or complaint that has not been addressed by their BCBA, can request a meeting with the Executive Director, Tracy Bender in person, via email at tracy@woodallkids.org, or in writing. If the situation has not been resolved to satisfaction, they may send a letter in writing to the Board of Directors and the board will review the grievance and respond after the next quarterly meeting.

CLIENT POLICY ACKNOWLEDGEMENT

Please read CLIENT HANDBOOK 2019 prior to completing this form.

I, _____ (parent 1) and _____ (parent 2) have read, understand, and agree to the policies of the Brent Woodall Foundation for Exceptional Children. Please initial next to each policy indicating that you have read and agree to it. Failure to agree to all policies will preclude your child from receiving services from the BWF. **Both parents/guardians must sign this form:**

Policy	Parent Initials 1	Parent Initials 2
Notice of Privacy Practices		
Clients Rights and Responsibilities		
Registration and Scheduling Policy		
Center Hours		
Waiting Room Policy		
Center Closings		
Cancellation Policy		
Sick Policy		
Late Policy		
Duplication of Services		
Coordination of Care		
Health and Safety		
Medications and Supplement Policy		
Nut Free Environment		
Child Safety Policy		
Medical Forms		
Incidents and Emergencies		
Disaster Plan		
Mandated Reporters		
Background Checks		
Adult Code of Conduct		
Technology Policy		
Service and Therapy Dogs		
Communication Policy		
Observation Policy		
Required Parent Involvement		
BCBA Supervision		
Level of Care and Transition Plans		
Staff Interaction Policy		
Waitlist Policy		
Grievance Policy		

Parent/Guardian 1

Signature

Date

Parent/Guardian 2

Signature

Date

State of _____ County of _____

on _____, before me, _____,
(Date) (Notary)

personally appeared, _____, & _____.
(Signer #1) (Signer #)