



Brent Woodall Foundation for Exceptional Children Client Policies

Revised November 2013

Registration & Scheduling Policy

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

- Spring Trimester- January - May
- Summer Trimester-June - August
- Fall Trimester- September - December

Parents must register for their child's therapy for each trimester. When completing the registration form, parents will indicate their top 2 preferred session schedules. Once reviewed, Tracy Pierce Bender will email the parent to confirm their schedule. Please note, requested schedules are not guaranteed until Tracy confirms them. Registration forms are due December 1st for the spring trimester, May 1st for the summer trimester, and August 1st for the fall trimester. The registration fee of \$50 will be waived for all who turn in their registration form on or before the due date. 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 8:00am-12:00pm and 1:00pm-6:00pm and Saturdays 9:00am-12:00pm and 1:00pm-5:00pm.

Billing Policy

Billing occurs at the beginning of each month for the month you will receive services. You will be charged for the set number of therapy hours as agreed upon with Tracy Pierce Bender. For example, on October 1st you will be billed for the services you will receive for the month of October. We will notify you 30 days in advance of any holidays or closing the BWF has scheduled. Therefore, you will not be charged for those days. *Please note, the BWF may close unexpectedly due to inclement weather or other emergencies in order to provide the safest environment for your children.* These days will not be credited or refunded.

Deposit Policy

The BWF requires a deposit equal to the amount of one month's invoice. A deposit can be made in the form of a cashier's check, cash, money order, check, or credit card. Any credit cards used for a deposit will be charged. These deposits will be deposited into your account and can be used for the last month of services when 30 days notice is provided. If you reduce the schedule number of hours or cancel services without 30 days notice, you will be financially responsible for the final 30 days of services, and the deposit will not be returned. Please note, if you have a grant from a third party agency, they will not pay for the deposit. You must pay for it out of pocket.

Payment Policy

If payment is not made by the 5th business day of the month, there will be a 5% late payment charge added to the invoice. If payment is not made by 1st day of the following month, the deposit may be used to pay for the unpaid invoice. If that occurs, you will be responsible for providing another deposit before the child can resume therapy. Your deposit may also be used to pay your bill in the event of a returned check. Additionally, you will be responsible for paying any returned check fees (currently our bank charges \$35).

Bill payments can be made in the form of cash, personal check, cashier's check, money order, or credit card. If you would like to pay by credit card, you will need to complete a credit card processing form. You may keep a credit card on file to be charged automatically on the 5th business day of the month. If you choose to pay with a credit card, there will be a 3% (of the amount charged) credit card processing fee added to the invoice.

Third Party Billing Policy

The BWF does not accept insurance or bill to any insurance company directly. Upon request, we will provide you with an invoice that will include the CPT codes for each therapy so the family can submit it to their insurance company for reimbursement. If you need additional information (I.E. ICD-9 codes, Date of Birth, Insured's name) included on the invoice please contact Carley Waltenburg at Carley@woodallkids.org. If you need a BCBA to sign any insurance forms outside of a scheduled meeting, there will be a \$10 fee. Please submit those forms and allow 7-10 business days for them to be completed. Single Case Insurance agreements will be dealt with on a case by case basis.

Treatment Plans and referral forms for grant agencies will be completed at no charge. Please allow 10 business days for those to be completed.

Absence Policy

If you have alternative plans, in which your child will not be attending the BWF during your scheduled sessions you must provide notice 30 days in advance in order for your account to be prorated. For example, if you are aware of specific observed holidays, vacation plans, or doctors' appointments, please let us know 30 days in advance and you will not be charged for those missed days.

Sick Policy

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. If your child becomes ill while at our office, we will call you to pick him/her up immediately.

Credit will not be given for any absence, scheduled or unscheduled. However, it is important your child attend their set number of therapy hours, so makeup sessions will be provided. If your child is sick, you must call the office (972)756-9170 and leave a message or email Tracy at tracy@woodallkids.org before your child's session begins. If we do not hear from you before the session is scheduled to start, you forfeit any option for a makeup session. If a child is sent home because they became sick during their session, a makeup session will be offered. If the parent chooses to take their child home early (against the advice of the BWF staff), a makeup session will not be offered.

Duplication of Services

The Brent Woodall Foundation does not allow for a duplication of services, meaning that if your child is receiving ABA from another therapist or therapeutic center, the Foundation will not provide ABA therapy. The BWF offers many other services that are complimentary to ABA therapy and would incorporate the principles of Applied Behavior Analysis while targeting specific areas of development. In order to have a successful ABA program, it is important there are not competing programs in place. It can become confusing and impede your child's progress to have two ABA providers.

Medications and Supplements Policy

We are unable 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. If you have any questions regarding this policy, please speak with Tracy Pierce Bender.

Communication Policy

If you do not already have an email address, please set one up. Email is our main point of contact with each family. You will be receiving your monthly invoice and important notifications through email. It is also the most efficient way for you to communicate with us. All appointments, schedule changes, and meeting requests must be made to Tracy Pierce Bender via email at tracy@woodallkids.org. We will still call if there are urgent cancellations. Please make sure your email account will accept email from the following: info@woodallkids.org, development@woodallkids.org, carley@woodallkids.org, tracy@woodallkids.org, irina@woodallkids.org, bethany@woodallkids.org. In the event of inclement weather, we will give information regarding closing on our outgoing voicemail. If you are unsure if we are open, you can call 972-756-9170 to get that information. We will also do our best to post closings with the major news stations. You should also check out facebook page for up to the minute updates at www.facebook.com/woodallkids.

Open Door Policy

Observation of ABA therapy in the main therapy room is welcomed as a time for the parent to observe their child's progress and take notes on therapeutic procedures/programs. You are welcome to observe your child's entire session or observe only a part of the session. A waiting room is available when you are no longer observing your child or you may leave and return to pick your child up when his/her session is finished. Please plan to make arrangements for your other children when you are observing. It is distracting to the other children learning to have siblings in the therapy room. Please, do not leave children of any age unattended in the waiting room. Cell phones must be put away and turned to silent while in the therapy room.

Observation of the CALS & TIES programs is always welcomed; however, the rooms for these programs are not quite as accommodating for visitors. The CALS room is small, and children in this program must be as mobile as their specific programming intends. This may mean that chairs are not always available for you to observe and standing is sometimes the only option when observing your child's programming. This is also the case in the small TIES room where the furniture and materials are set up to accommodate a specific number of children and adults in the room at a time. Because of this, it is difficult to be as flexible with TIES "drop-in" observation. While parents can observe their child through the room window at any time, parents who would like to observe and take notes on their child's TIES programming should set up an appointment. We want to keep the number of people in the room at an appropriate number for the best rate of learning to take place at all times.

Observation of PREP, CLASS, and social and language groups are by appointment only. Some of our children are sensitive to major changes in their environment or schedule, such as a new adult in the room, and such a change may need to be introduced rather than spontaneous. Please note that our open door policy remains as a time for you to observe your child and take notes. Unless you have set up an appointment for a session with your child's Case Manager, please do not ask the therapist working with your child questions during this time. If you have a question about the programming or procedure please wait and email your child's Case Manager and he/she will be able to help you. Again, the door is always open for observation of your own child's programming, but if you would like to talk or read please move to the waiting room we have provided for you.

Late Policy

Therapy sessions have a specified start and end time. We cannot accommodate children left past their scheduled therapy sessions. If you are late picking up your child, you will be charged one dollar (\$1) for every minute you are late. The charge will be added to your next invoice regardless of your grant status. Additionally, it is important your child be on time for their session or group. It is disruptive for children to arrive late and they miss out of their therapy time. There will be no proration or make-ups for late arrivals.

Required Parent Involvement

Parent involvement is essential to the success of our students. All BWF parents are required to attend at least one (1) meeting per month with their child's case manager for a minimum of fifteen (15) minutes. This meeting will be scheduled during your child's regularly scheduled session. This will give you the opportunity to be informed on the programs your child is working on. In addition to parent meetings, Tracy Pierce Bender holds Coffee Chat on Fridays at either 11:00am, 1:00pm, or 4:00pm. Please check the website for dates and times. This is an open forum chat session which allows parents to ask questions about their child or share experiences. Tracy requests each parent to attend at least one (1) Coffee Chat per month. Conference calling is available.

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 assistant therapists 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 Assistant Therapist.

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 student. 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.

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 tag 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.

Nut Free Environment

The Brent Woodall Foundation is a nut-free zone. Please do not send food with your child that contains nuts of any kind. If those items containing nuts are brought into the office, we will be required to discard them immediately. If you eat or handle any nut products prior to entering our office, please wash your hands and/or use hand sanitizer.

Rates

Quality of service is of the utmost importance to the staff of the BWF. Our team of Case Managers and Assistant Case Managers has been and will continue working toward becoming certified by the Behavior Analysis Certification Board. The board of directors has set a standard billing rate for each level of therapist employed by the BWF. As a non-profit foundation, we rely on donations, grants, and fundraising in order to provide quality services at an affordable rate. The following rates apply to families who pay for services out of pocket. These rates are set by the board of directors as a way to assist families in accessing the necessary therapy for their child.

GROUP THERAPY

Language Groups	\$15.00-\$20.00/hour
Social Groups	\$10.00-\$20.00/hour

ABA THERAPY

In Office Behavioral Consultation Services	\$75.00/2 hours* \$100.00/3 hours*
In Home Behavioral Consultation Services	\$75.00/hour
Behavioral Language Intervention Program (BLIP)	20.00/hour
Communication and Life Skills (CALs)	22.50/hour
Intensive Intervention Program	20.00/hour
Practice for Advanced Language and Social Skills (PALS)	20.00/hour
Targeted Intervention for Elementary Students (TIES)	20.00/hour

OUTREACH

Remote Consultation Services	\$75.00/ 2 hours \$100.00/ 3 hours
IEP Consultation	\$75/hour (out of office)* \$25/hour (in office)
Family FIRST	Free

Supply Fee	6% of all monthly bills
Credit Card Convenience Fee	3% of amount charged
Registration Fee	\$50 per trimester

*additional travel fees may apply

Childs Name: _____

Client Policy Acknowledgement

Please fill out completely and return to the Brent Woodall Foundation.

I, _____ and _____ have read, understand, and agree to the policies of the Brent
(parent 1) (parent 2)

Woodall Foundation for Exceptional Children (last updated November 2013).

Please initial next to each policy you have read and agree to.

Policy	Parent 1's Initials	Parent 2's Initials
Billing Policy		
Registration & Scheduling Policy		
Payment Policy		
Absence Policy		
Sick Policy		
Duplication of Services		
Nut Free Policy		
Medication and Supplement Policy		
Communication Policy		
Open Door Policy		
Late policy		
Required Parent Involvement Policy		
Staff Interaction Policy		
Service Rates		

Parent/Guardian 1

Signature

Date

Parent/Guardian 2

Signature

Date

Family Address: _____

Email Address: _____

Both parents/guardians must sign this form:

State of _____ County of _____
on _____, before me, _____,
(date) (notary)
personally appeared, _____, & _____.
(signer #1) (signer #2)

Seal

Notary Signature
