



Dear Parents and Guardians,

Thank you for considering ABA therapy services from the **Brent Woodall Foundation for Exceptional Children (BWF)**. In order for us to schedule any services, please complete all pages and provide all documents as noted in the attached checklist. We must receive a fully completed packet prior to scheduling any appointment.

We will schedule your Free Individualized Review and Structured Training **"Family FIRST"** meeting after intake is completed. This is provided at our office/therapeutic center, is scheduled for three hours and includes a basic skills assessment, individualized parent training and tour. It is mandatory for the child and one parent to be present and we encourage both parents to attend.

Within five business days of Family FIRST, we will email an evaluation report with a recommendation of services. We will then contact you to discuss the schedule of services and provide insurance benefit verification, if applicable. If insurance requires pre-authorization this may take a few weeks, otherwise services may usually begin as soon as a payment method is confirmed and the initial deposit received.

For questions or more information please call us at 972-756-9170, or contact the following individuals:

**Intake Packet, Family FIRST & Scheduling:** Nicki Scott, [n.scott@woodallkids.org](mailto:n.scott@woodallkids.org), 972-756-9170 ext. 1000

**Billing & Insurance:** Tashar Fluker, [t.fluker@woodallkids.org](mailto:t.fluker@woodallkids.org), 469-250-7775 direct

**Please provide your completed Intake Packet and all documents by mail, email, fax or in person to:**

Brent Woodall Foundation for Exceptional Children  
ATTN: Nicki Scott  
7801 Mesquite Bend Dr. Suite 105  
Irving, Texas 75063

E-mail: [n.scott@woodallkids.org](mailto:n.scott@woodallkids.org)  
Fax: 214-614-4650

## The Brent Woodall Foundation for Exceptional Children

### INTAKE TABLE OF CONTENTS AND DOCUMENT CHECKLIST

In order for the application to be processed please read this entire packet and handbook thoroughly, complete all of the forms and information requested, print legibly and provide copies of all of the documents required. See the checklist at right for items to be returned to the BWF.

INTAKE FORMS AND DOCUMENTS REQUIRED	PAGE	ACTION NEEDED	✓
Service Offered	3	Read for your information	
Methods of Payment for Service	4	Read for your information	
Intake Information	5	Complete all information on pages 5-9	
- General and Contact Information	5		
- Family History and Information	6		
- Child History and Information	7		
- Child's Behavioral Information	8		
- School and Therapy Information	9		
Medical Information, Release, HIPAA Authorization	10	Read, complete all information, sign	
Filming and Photography Participation and Consent	11	Read, complete, sign	
Financial and Billing Policy and Agreement	12	Read, complete, sign	
Waiver and Indemnity Agreement	13-14	Read, complete, sign – <b>both parents</b>	
Client Handbook – Our Policies	15-27	Read for your information	
Client Policy Acknowledgement	28	Read, initial/sign, <b>notarize – both parents</b>	
Child's Recent Photo (head shot in size 4x6)		Attach a copy	
Medical History Documents & Immunization Records		Attach copies	
Assessments or Evaluations (e.g. cognitive testing, ABA assessments, speech evaluations, diagnostic reports, occupational therapy evaluations) - <i>Comprehensive diagnostic assessment with an autism diagnosis (F84.0) is required to use insurance as a method of payment. BWF does not provide medical diagnoses.</i>		Attach copies - <i>If you are waiting for an evaluation report, please have the Dr. forward to us.</i>	
Individualized Education Plan, Independent Educational Evaluation, and/or Family Support Plan (if previous/current Special Education Program or ECI Services)		Attach copies	
Driver License of the Parent attending Family FIRST		Attach copy	
Insurance ID Card(s)- if using as a method of payment		Attach copy of front and back	

**Please only send copies as original documents will not be returned.**

## **The Brent Woodall Foundation for Exceptional Children**

### **SERVICES OFFERED**

#### **Behavioral Intervention Services / 1:1 Applied Behavior Analysis “ABA”**

These services are offered for children ages 0-12 with autism or developmental delays. After assessments have been completed, our Board Certified Behavior Analysts (BCBAs) 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 and supervise treatment.

#### **Social Skills Groups**

The children in these groups vary in age from 2-12. The common goal for each of the groups is to teach them 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 provided to each child's parent, along with strategies for reinforcing the concepts learning in group at home.

#### **Academic and Language Skills Groups**

- **Behavior Language Intervention Program “BLIP”** uses a naturalistic teaching style to focus on receptive, expressive, and social language development in a 1:2 therapist/child ratio.
- **Afterschool Academy** focuses on addressing four skill areas: language, academics, behavior, and social development in a classroom setting.

BLIP and Afterschool are month to month services with private prepayment on the 1<sup>st</sup> of the month, as they are not covered by insurance or grants. The child is registered automatically for the following month unless prior notice is submitted to withdraw. Pro-rating, make ups and refunds are not available.

#### **Consultation Services**

Behavioral consultation services assist families who provide therapy for their child at home. Consultations can be scheduled individually and are conducted at the BWF to assist parents in setting goals, developing their child's program, collecting data and implementing therapy based on the principles of ABA.

#### **IEP Consultation Services**

BCBAs are available to consult with parents on IEPs and attend ARD meetings. 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 advocate for their child's rights, and understand the laws that affect them.

# **The Brent Woodall Foundation for Exceptional Children**

## **METHODS OF PAYMENT FOR SERVICES**

### **Insurance Plans**

BWF accepts insurance plans if they are the primary coverage for the child, have contracted with us as an in-network provider for behavioral health services, and cover ABA. Currently we are in-network with many plans that utilize the provider network of these companies (excludes HMO plans):

**Aetna**  
**Beacon Health**  
**BlueCross BlueShield**  
**Cigna**  
**Scott & White Health Plan (including HMO network)**  
**United Healthcare**

Insurance policies vary greatly and due to the complexity of contracts and potential coverage changes we can only estimate benefits in good faith. After receiving a copy of the primary medical insurance ID card and HIPAA release form, we will contact in-network plans to confirm eligibility and benefits, obtain necessary pre-authorizations for services and file all claims for payment. Because coverage cannot be guaranteed it is highly recommended that parents verify the services are covered at the time they begin. We do not accept secondary insurance plans on the child and also do not accept out-of-network plans.

### **Private Pay**

Families who do not have insurance as noted above may choose to pay privately for services. Pricing information can be obtained by contacting our billing department. We offer less intensive services such as BLIP, Afterschool Academy and consultations for families looking for lower cost options.

### **Sliding Rate Scale "SRS" Discounts**

Discounts are available to families who are using private pay or grant funding and are based on family income. If approved, the discount applies to all services except for BLIP, Afterschool Academy, consultations, initial deposit and fees (cancellation, schedule change, late pickup). Insurance coded invoices are not provided to SRS clients and we require verification of no insurance coverage for ABA. Please contact our office for the SRS application and obtain SRS approval before applying for grants.

### **Grant Funding**

Clients receiving funding from a third party grant agency must provide the approval letters before services will be scheduled. Please note we cannot bill the initial deposit or fees (cancellations, schedule change, late pickup) to grant agencies. 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 any balance due. The following are a few grant agencies that have supported families for ABA:

<b>Masonic Children &amp; Family Services of TX</b>	<a href="https://www.mcfstx.org/">https://www.mcfstx.org/</a>
<b>Variety of Texas</b>	<a href="https://www.varietytexas.org/apply/">https://www.varietytexas.org/apply/</a>
<b>National Association of Autism N TX</b>	<a href="http://www.naa-nt.org/support/scholarships-and-grants/">http://www.naa-nt.org/support/scholarships-and-grants/</a>
<b>ACT Today</b>	<a href="http://www.act-today.org/apply-for-grant/">http://www.act-today.org/apply-for-grant/</a>
<b>UHC Children's Foundation</b>	<a href="https://www.uhccf.org/apply-for-a-grant/">https://www.uhccf.org/apply-for-a-grant/</a>
<b>Gill Children's Services (Tarrant County)</b>	<a href="https://www.gillchildrens.org/apply">https://www.gillchildrens.org/apply</a>
<b>First Hand Foundation</b>	<a href="https://www.firsthandfoundation.org/request-funding/">https://www.firsthandfoundation.org/request-funding/</a>

# The Brent Woodall Foundation for Exceptional Children

## INTAKE FORM

### GENERAL AND CONTACT INFORMATION

Please check any particular BWF services you are interested in for your child (see BWF services, page 3)

☐ 1:1 ABA ☐ Social Skills Groups ☐ BLIP ☐ Afterschool Academy ☐ Consultation ☐ IEP Consultation

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

**Referred by** \_\_\_\_\_ Phone # \_\_\_\_\_  
Reason for Referral \_\_\_\_\_

**Diagnosed by** \_\_\_\_\_ Phone # \_\_\_\_\_  
Diagnoses \_\_\_\_\_ Date of Diagnoses \_\_\_\_\_

**Parent/Guardian** Full Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Employer \_\_\_\_\_  
Address (if different from child) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone #'s Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
E-mail \_\_\_\_\_ Driver's License # and State \_\_\_\_\_/\_\_\_\_\_

**Parent/Guardian** Full Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Employer \_\_\_\_\_  
Address (if different from child) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone #'s Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
E-mail \_\_\_\_\_ Driver's License # and State \_\_\_\_\_/\_\_\_\_\_

Child Resides With ☐ Both Legal Parents ☐ Mother ☐ Father ☐ Guardian  
If Guardian, is this the legal guardian? ☐ Yes ☐ No Guardian's Relationship to child \_\_\_\_\_  
Who is the Primary Caretaker of the child? \_\_\_\_\_

**Child's Insurance Plan** \_\_\_\_\_ Member ID# \_\_\_\_\_  
Subscriber's Name \_\_\_\_\_ Subscriber's DOB \_\_\_\_\_  
Employer/Group Plan Name \_\_\_\_\_ Group # \_\_\_\_\_  
Provider Service Phone # \_\_\_\_\_ Is the child enrolled in any other plan? ☐ Yes ☐ No  
If yes, please provide a copy of both insurance plan ID cards so the primary plan can be determined.

## FAMILY HISTORY AND INFORMATION

### Biological Mother

Current Occupation \_\_\_\_\_

Education (check if completed)    ☐ High School/GED    College: ☐ Some ☐ 2yr ☐ 4yr ☐ Advanced

### Biological Father

Current Occupation \_\_\_\_\_

Education (check if completed)    ☐ High School/GED    College: ☐ Some ☐ 2yr ☐ 4yr ☐ Advanced

Child's Parents Are    ☐ Married to Each Other    ☐ Never Married    ☐ Separated    ☐ Divorced

If separated/divorced, how often does the child see the non-custodial parent?

Regularly    Sometimes    Rarely    Never

Additional comments if needed \_\_\_\_\_

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

### Please list all parents, siblings, relatives or others living in the child's main home

Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____
Name _____	Age _____	Relationship to Child _____

Family Religious or Spiritual Background \_\_\_\_\_

**Family Medical** - please indicate if the parents or anyone on either side of the family has a history of:

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Depression	<input type="checkbox"/> Neurological Disorder
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Disabilities/Dyslexia	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Seizures
<input type="checkbox"/> Asperger Syndrome	<input type="checkbox"/> Genetic Syndrome	<input type="checkbox"/> Speech/Language Disorder
<input type="checkbox"/> Autism/PDD-NOS	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> None
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Learning Disability	

Do any of the child's biological siblings have learning, speech, or behavior issues?    Yes    No

If Yes, please describe

## CHILD HISTORY AND INFORMATION

Was this child adopted? Yes No Length of pregnancy \_\_\_\_\_ weeks Birth weight \_\_\_\_\_ lbs.  
Age when taken home \_\_\_\_\_ Was there trauma or complications associated with the pregnancy or birth? Yes No If yes, please explain

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

Age child began	Early	Typical	Late	Not Present
Crawling				
Standing alone				
Walking alone				
Babbling				
Speaking first words				
Speaking short sentences				
Eating solids				
Self-feeding				
Using toilet when awake				

Please check if the child has a history of:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Bladder Problems | <input type="checkbox"/> Ear Infections   | <input type="checkbox"/> Motor/Vocal Tics   | <input type="checkbox"/> Surgeries                       |
| <input type="checkbox"/> Bowel Problems   | <input type="checkbox"/> Headaches        | <input type="checkbox"/> Seizures           | <input type="checkbox"/> Swallowing Difficulties         |
| <input type="checkbox"/> Chewing Problems | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Sleep Difficulties | <input type="checkbox"/> Threatening harm to self/others |
| <input type="checkbox"/> Drooling         | <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Staring Episodes   | <input type="checkbox"/> Vision Problems                 |
| None                                      |   |   |  |

Please provide details regarding frequency, medications taken, surgeries, hospitalizations

Previous hearing test results ☐ Normal ☐ Abnormal

Previous vision test results ☐ Normal ☐ Abnormal

Did child have any of these diseases? Chickenpox at age \_\_\_\_\_ Measles at age \_\_\_\_\_ Mumps at age \_\_\_\_\_

Are all recommended/required immunizations up-to-date? Yes No If no, please list which ones are not up to date

\_\_\_\_\_

Child's Current Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_

Are there any other physicians currently treating the child? Yes No If yes, please provide name of physician and type of treatment

## CHILD'S BEHAVIORAL INFORMATION

*Information is used for assessment/evaluation and will not affect the child's eligibility for BWF services.*

Please check any of the following behaviors the child displays:

Aggressive behaviors (toward others or objects)

Hyperactivity

Anxiety (control/transition/coping difficulties)

Self-injurious behaviors

Self-stimulatory behaviors (repetitive movements or sounds) For those checked, please explain:

Does the child:	Never	Seldom	Occasionally	Often	Always
Use gestures (bye-bye, pointing, etc.)					
Babble					
Use phrases to request					
Ask questions					
Play with toys appropriately/independently					
Play interactively w/siblings					
Play interactively w/peers					

Child's most preferred toys, foods or activities

Child's eating habits, variety of foods accepted and independence with feeding

Child's sleeping patterns and routines

Child's strengths

Areas of concern

☐ Exposure to Alcohol

☐ Loss/Death of Friend or Pet

☐ Multiple Absences/Tardy

☐ Exposure to Illicit Drugs

☐ Loss/Death of Family Member

☐ Parent Separation/Divorce

☐ Exposure to Nicotine

☐ Moves to Different School

☐ Physical/Verbal or Sexual Abuse

Family and Financial Difficulties

Moves to Different Home

Social Problems or Bullying

None

Other Stressors

Please indicate if any of the following contribute to stress/anxiety for the child:



## SCHOOL AND THERAPY INFORMATION

School \_\_\_\_\_ ISD \_\_\_\_\_ Grade \_\_\_\_\_

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 - *please provide a copy of the current IEP***

Speech Therapy number of hours per week \_\_\_\_\_

Occupational Therapy number of hours of per week \_\_\_\_\_

Physical Therapy number of hours per week \_\_\_\_\_

Any Other Therapy Type \_\_\_\_\_ and number of hours per week \_\_\_\_\_

### **Current and Past Private Therapy Providers NOT Provided by the School – *please provide a copy of any evaluations and treatment plans associated with each therapy***

Therapy	Provider Name	Dates Attended	# Hrs. per Week
ABA			
Speech			
Occupational			
Physical			
Mental Health			
Feeding			
Other			

### **Please list any assessments that have been administered within the last 12 months:**

IQ tests, Basic Skills Assessments, Developmental Checklists (e.g. WISC, WPPSI, Stanford-Binet, ABLLS, HELP, DAYC, DAS-II, VBMAPP)

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

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

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

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

## The Brent Woodall Foundation for Exceptional Children

### MEDICAL INFORMATION AND RELEASE

**Child Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ lbs.  
**Diet Specifications** \_\_\_\_\_ **Allergies** \_\_\_\_\_  
**Communication** ☐ Verbal ☐ Minimally Verbal ☐ Non-verbal ☐ Gestural ☐ Communicates w/AAC system  
**Behavioral Concerns** ☐ Aggression to others ☐ Self-injury

**Please list all current prescription and over the counter medications, and vitamins/supplements:**

Medication/Vitamin/Supplement	Dosage	Purpose	Prescribing Physician

**Emergency Contacts** - In case of an emergency please contact parents, then the following (in order)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_  
 Please provide main contact phone # for Mom \_\_\_\_\_ Dad \_\_\_\_\_

I give permission to the Brent Woodall Foundation to administer First Aid/CPR to the child if an emergency situation arises and to provide necessary information to First Responders:

\_\_\_\_\_  
**Parent/Legal Guardian Signature**                      **Date**                      **Relationship to Child**

### AUTHORIZATION TO RELEASE THERAPEUTIC INFORMATION

I hereby authorize the Brent Woodall Foundation to release and discuss the child's confidential information with the following (please list name, phone#, and if a family/friend the relationship):

- ☐ 3rd Party Funding Sources (Insurance Companies, Health Plans and Grant Organizations)  
☐ Child's School \_\_\_\_\_  
☐ Other Providers \_\_\_\_\_  
☐ Family/Friends \_\_\_\_\_  
☐ I do not give my permission to release information to anyone other than the 3<sup>rd</sup> Party Funding Sources

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 this health information will not be affected.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**                      **Date**                      **Relationship to Child**

## The Brent Woodall Foundation for Exceptional Children

### FILMING AND PHOTOGRAPHY PARTICIPATION AND CONSENT FORM

The Brent Woodall Foundation uses video and photography of clients and their children to promote education and awareness of our services. We request consent to film and photograph children during various activities including 1:1 ABA therapy, group ABA therapy, consultations, and summer camps.

The videos and pictures may appear on our website, social media and brochures. BWF staff 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 is taken during our regular schedule.

**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 educational 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 you confirm all of the following:

- The filming process was explained to you and all of your questions were answered.
- You understand you do not have to allow your child to take part in filming/photography and your refusal to allow your child to participate will involve no penalty or loss of rights or benefits.
- You understand why filming/photography is 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 check one of the following options:**

\_\_\_\_ I hereby give permission for this child's image and voice to be captured in filming and photography for educational purposes (e.g., conferences, parent training, staff training), social groups, and special events. I understand his/her name will remain confidential. I understand I can withdraw this consent at any time.

\_\_\_\_ I am not willing for this child to be captured in photography and filming for the Brent Woodall Foundation for any purpose.

\_\_\_\_\_  
**Printed Name of Child**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

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

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

## The Brent Woodall Foundation for Exceptional Children

### FINANCIAL AND BILLING POLICY AND AGREEMENT

**Initial Deposit:** a \$1,000 deposit is due for children receiving >6 hours of weekly therapy (\$500 if 6 or less) before services begin. The deposit cannot be billed to insurance or grants and is refunded when a written 30-day notice of cancellation is given, services have ended, and the account balance is \$0.00.

**Insurance:** We can only estimate insurance benefits in good faith and will confirm your primary insurance plan's in-network status, confirm eligibility and benefits and obtain necessary pre-authorizations. Coverage cannot be guaranteed and parents must verify services are covered before they begin. We accept and file claims with in-network plans and do not accept secondary insurance or any out-of-network plans.

The insurance policy is a contract between you and the insurance company; the BWF is not party to that contract. In the event the insurance plan denies or does not provide payment within the agreed amount of time, the balance becomes that of the financially responsible party. To avoid payment delays, please provide our billing staff updated insurance information such as plan changes, new ID card, etc. If we are not notified timely, the responsible party will be billed for services not covered or denied. Services may be suspended as new insurance is verified and pre-authorizations are approved so timely notification is important.

**Private Pay:** Families without insurance coverage for ABA may choose to pay privately for therapy services.

**Grant Funding:** Clients receiving funding from 3<sup>rd</sup> party grant agencies must provide approval letters to us before services are rendered. 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 "SRS":** This discount is available for families in need and using private pay or grant funding as the method of payment. Once approved, it applies to all services except the deposit, BLIP, Afterschool Academy, Consultations, and cancellation, schedule change or late pick-up fees. We require a verification of no insurance coverage for ABA services or a denial letter and will not provide Insurance coded invoices.

**Payments:** We require a credit card authorization on file and will charge weekly for charges incurred the prior week. This charge may include insurance copayments, fees, or the entire cost of the services and an invoice will be emailed to you at the time of payment. A \$35 fee will be charged for declined payments. If another form of payment is not provided within 24 hours of notification, services may be suspended.

**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.

**Separated or Divorced Parents:** The BWF will not keep separate accounts for 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 signs this Financial and Billing 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 agree to keep that arrangement private. Discussing it with non-essential parties could result in a termination of this agreement and services provided by the BWF.

I, \_\_\_\_\_/Name of Financially Responsible Party, agree to be financially responsible for the total payment of treatment performed by the Brent Woodall Foundation for Exceptional Children for \_\_\_\_\_/Child's Name. I certify that I have read and understand this Financial and Billing Policy and Agreement and agree to follow the policies and be personally responsible for payment.

---

**Signature of Financially Responsible Party**

---

**Date**

---

**Relationship to Child**

# **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 ("Indemnatee"), 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 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 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 Indemnatee 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

*Signatures required from both legal parents/guardians. If sole custody, please provide legal documentation.*

**ACKNOWLEDGED BY: BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Client Handbook 2019

### 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.

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Initial beside each policy to confirm you have read and understand the policy.

# 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](mailto: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 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 or schedule changes that occur without 30 days' notice will incur a \$50 registration or change fee.

Please turn the registration form via email to [n.scott@woodallkids.org](mailto:n.scott@woodallkids.org). 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 wait in their cars to be picked up. Their behavior technician will pick them up in the back parking lot at the time the therapy session is scheduled to begin and bring them out the front door 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 has closed the waiting room to outside visitors at this time. Please wait for your child outside the front entrance in one of the designated parking spots.

## 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 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' written 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](mailto: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 1-3 hours cancellation and \$50 per 4 or more hours cancellation. 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' written 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](mailto: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](mailto: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. Clients must stay home if they or anyone in their household is feeling ill or has had fever, coughing, or shortness of breath in the last 48 hours. They or anyone in their household has been in close contact with someone who is sick with or showing symptoms of Covid-19 (shortness of breath, coughing, fever) or who believes they may have been exposed. They or anyone in their household has traveled out of Texas in the last 2 weeks. Clients may not come to the center if they have had the following within the last 48 hours.

Chickenpox (Varicella)  
Common Cold  
Fever  
Gastroenteritis  
Giardiasis

Influenza  
Meningitis bacterial  
Meningitis viral  
Salmonellosis  
Shigellosis

Streptococcal sore throat  
Scarlet fever  
Undiagnosed rash

All clients must have a doctors release after illness to return to therapy. Parents must fill a return to therapy after illness form before clients may return. 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](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 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 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 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 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](mailto: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](mailto:n.scott@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), [irina@woodallkids.org](mailto:irina@woodallkids.org), [carley@woodallkids.org](mailto:carley@woodallkids.org), [tracy@woodallkids.org](mailto:tracy@woodallkids.org), [t.fluker@woodallkids.org](mailto:t.fluker@woodallkids.org), and [n.scott@woodallkids.org](mailto: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. Parents should plan to make arrangements for siblings during observation. Cameras or any form of recording device are not permitted while observing. 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 schedule the meeting prior to the session. 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 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](mailto: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 entire Client Handbook 2019 prior to completing*

I, \_\_\_\_\_ (parent 1) and \_\_\_\_\_ (parent 2) have read, understand, and agree to the policies of the Brent Woodall Foundation for Exceptional Children. Both parents must initial each policy indicating that you have read and agree in order for the child to receive our services.

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		
Arrival and Pickup Policy		
Duplication of Services		
Coordination of Care		
Health and Safety		
Medication 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/Legal Guardian 1

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian 2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_ on \_\_\_\_\_,  
(Date)

before me, \_\_\_\_\_, personally appeared,  
(Notary)

\_\_\_\_\_ (Signer #1), and \_\_\_\_\_ (Signer #2)