

Welcome to Pacheco Autism Center and Daycare,

We are delighted that you have decided to be a part of our family. We strive to help children with autism and their family through positive behavior support, strength-based programming, and parent support training.

In this packet we have included necessary paperwork to begin services

- Company Handbook Pp. 3-16
- Service Delivery Procedure P.17
- Private Transportation Release Consent Form P.18
- Authorization to Release Information Pp. 19-21
 - 3 forms included for example: Primary Care Physician, Neurologist, School anyone information needs to be released to us/them
- COVID 19 Protocols for Parents Cancelling Sessions P. 22
- Parent Pickup List Verification P23
 - Names of anyone other than parent or guardian that is allowed to pick your child
- Intake form Pp. 24-34
- Late Policy P.35

We also need these medical documents

- A copy of your child's current physical
- A copy of the diagnosis of your child from a medical professional

Phone: 508-974-4760 Fax: 774-202-6181

OUR MISSION

A company that uses **applied behavior analysis (ABA)** and evidence-based practice to improve the overall quality of life for children from ages 5-22. We strive to help them and their family through positive behavior support, strength-based programming, and parent support/training.

APPLIED BEHAVIOR ANALYSIS SERVICES OFFERED

- **Functional Behavior Assessments**
- **Skills Assessments**
- **Individualize Behavior Support Plan**
- **Treatment Planning**
- **Life Skills Training**
- **Social/Community**

Integration

- **Job Coaching**
- **Parent Coaching**
- **Behavior Change Training and Support**
- **ABA Concept Teaching**
- **Positive Behavior Support**

“WE TREAT YOU LIKE FAMILY!”



**Change is possible!
We will be with you every step of the way.**

For Daycare or at home ABA services please contact our website

www.PachecoABA.com

Steven J Pacheco
MS, LABA

Owner/Licensed
Behavior Analyst

703 State Rd, N
Dartmouth MA 02747

(508) 974-4760

Steven@pachecoaba.com

COMPANY BACKGROUND

As an owner and Licensed Behavior Analyst, I have over 15 years' experience working with children with Autism and Special Needs in a variety of settings. I have met many great children and families along the way. It was because a couple of these families and their support I decided to start this company

FEE FOR SERVICE TREATMENTS OFFERED

EXPOSURE THERAPY

- **Anxiety**
- **Phobias**
- **Obsessive Compulsive Disorder**

SPORTS

- **Using ABA Concept teaching and a sports coaching background to promote increased independence in most sport**

Pacheco ABA Service



and Behavioral Consulting

Company Handbook

Contents

1. Children's Records Checklist
2. Company Policies and Procedures
3. Parent Expectations
4. Company Rights and Responsibilities
5. Parent Rights and Responsibilities
6. Consent Forms
7. Parent Sign Off
8. Service Delivery Promise

Children's Records Checklist

- 1. Treatment Plan**
 - i. A written document outlining Pacheco Autism Center and Daycare's plan for care for the client receiving applied behavior analysis (ABA) services.
- 2. Behavior Plan/Assessments**
 - i. A list of behavior deficits that impede the client's safe, healthy independent functioning in all domains (socialization, communication, adaptive). Deficits are measured and identified. Assessment notes are made regarding the client's performance and specified treatment interventions for identified targets in each domain.
 - ii. Goals and objectives are identified for short-term and long-term goals of ABA, and with each assessment a clear note if met, not met, or modifications of explanation is written.
- 3. Medical/Evaluation**
 - i. A medical evaluation and/or consultation supplied by a specialized provider identifying a diagnosis, medications, past medical history, background information, environmental influences, developmental history, and recommendations.
- 4. Current Physical**
 - i. A yearly physical that is provided by the client's Primary Care Physician (PCP)
- 5. Release of Information**
 - i. Yearly authorization signed by the Parent or Legal Guardian of the client allowing programs and services provided by Pacheco ABA Services and Behavior Consulting LLC to be released to listed Organizations/Individuals.
- 6. Intake/Skills**
 - i. Any notes taken by the BCBA during the first observation of skills with the client.
- 7. Data Collection**
 - i. Reassessments of behavior deficits and goals that are described by Behavior Therapists (BT) and/or Board-Certified Behavior Analyst (BCBA) which can include graphs to measure all treatment data.
- 8. Notes**
 - i. Session notes provided by the BT and/ or BCBA of a meeting with the client any modifications that are suggested and discussed with the Parent or Legal Guardian.
- 9. Handbook**
 - i. Pacheco ABA Services and Behavior Consulting LLC's handbook that is signed by the Parent or Legal Guardian of the client.
- 10. Other**
 - i. Any paperwork that is thought necessary to be included in the client's file.

Pacheco ABA Parent Handbook

Disclosure Form:

Before we begin, we would like to provide you with some information about our office procedures and other aspects of ABA. Please take the time to read and sign the final page. If you have any questions, please let us know.

Qualifications:

Our ABA Technicians have been trained to work with individuals in the Autism Spectrum. They also get continuous training geared towards your child's program and needs. Our BCBA's are trained, experienced, and hold current BCBA certification. Our BCBA's are trained, experienced, and licensed as Board Certified Associate Behavior Analysts and are overseen by our team of Board-Certified Behavior Analysts. We provide direct service to children in homes and develop programs for children to be successful in community settings.

Orientation of Treatment:

Applied Behavior Analysis is the recommended intervention for Autism Spectrum Disorders. (ASD) "Applied behavior analysis is the science in which procedures derived from the principles of behavior are systematically applied to improve socially significant behavior to a meaningful degree and to demonstrate experimentally that the procedures employed were responsible for the improvement in behavior" (Cooper, Heron, and Heard, 1987, pg. 15).

Office Policy:

Schedules are developed with the BCBA and the family to make a schedule that is consistent and works for the team. Any change or cancellation of a session must be made with a minimum of 24 hours' notice.

Insurance:

Some insurance plans cover ABA and we currently work with some but not all plans. If we are contracted with your insurance plan, we will bill you for your copays monthly. In the event insurance does not cover ABA services you will be responsible for the cost of services. We will be happy to help explain the insurance procedure with you and help you to verify your coverage. If you have not already done so, it is encouraged that you contact your insurance company to verify your ABA benefit.

Answering System

PACHECO ABA, LLC's office hours are Monday through Friday 8:00 AM to 5pm. You can leave a message on our secure voicemail at 508-974-4760

During business hours messages are checked regularly and calls will be returned during office hours as time allows. Calls received after hours or over the weekend will be returned within one business day.

Each supervising clinician has a telephone and will provide you with the telephone number. They will let you know the hours they accept telephone calls and the timeline for returning calls.

Crisis Calls

The office is not available on a 24-hour basis to return urgent calls. If your family is in crisis, please let your BCBA know, and they will help develop a crisis plan for you to follow. In case of medical emergency call 911.

Texting

Texting is not a preferred method of communication for PACHECO ABA clinicians. Changes to schedules and other communication should be made via email or telephone. Texting can be used in the event of an emergency such as running late but should not be used as a regular means of communication.

Confidentiality

ABA services are treated confidentially, however there are times it is important to speak with others. To provide the highest level of services your BCBA may need to consult with other BCBA's in our group or seek outside consultation. In the event of an outside consultation, identifying information will be withheld for client privacy.

If your family would like to have your BCBA speak with another member of the team (Speech Pathologist, OT etc.) we will have you sign a release of information form.

Insurance confidentiality

If you choose to use your insurance for payment purposes, some of your medical information will be disclosed. To bill for medical services PACHECO ABA needs to send your insurance company a diagnosis of what is being treated and the dates of the sessions. In the case of managed care ongoing treatment reports which include current status, treatment plans and diagnosis are submitted to the insurance company. Your insurance Company has the right to audit your full record if they wish to do so. If you have any questions about this, please contact the PACHECO ABA office.

Cancellation Policies

All cancellations must be received at least 24 hours prior to the start of your session. Any sessions cancelled with less than 24 hours' notice will be billed if criteria is not met for cancellation. Cancelling more than 25% of sessions in a 90-day period may lead to discharge from services.

When you cancel:

If you need to cancel a Home Session

- Contact your therapist directly.
 - If you do not have this information, contact the office at 508-974-4760

Criteria to cancel home sessions:

• Illness, includes (but is not limited to) the following occurring within 12 hours of a session:

*Vomiting, fever over 100, falling asleep during session, head lice, communicable disease

• If your child has had these symptoms within the past 12 hours, cancel your session.

• If your child has been diagnosed with a communicable illness or head lice, parents must inform PACHECO ABA immediately and sessions will not resume until a letter of clear health has been provided by a health care provider.

When your therapist cancels session:

Occasionally your therapist will need to cancel a session. An attempt will be made to have the session covered by the case supervisor or another staff member, but this may not always be possible. It is expected that:

- Your therapist will give you 24-hour notice of absence.
- Your therapist follows the same criteria for sickness as you do for your child.
- Your therapist will schedule make-up hours with you

Inclement Weather Policy

All **home** services are canceled for children who live in districts that are closed due to snow or inclement weather.

Services

If Schools are closed due to an emergency including snow or other weather-related emergencies, home services will be cancelled as well.

Families should do their best to maintain a structure and safe environment and follow behavior plans as outlined in their child's behavior plan.

Should there be an additional crisis that the family is unable to manage safely they should contact their local emergency officials for support and direction.

PACHECO ABA employees will follow up with each family following any emergency to ensure services are resumed and modify plans as needed to account for any changes in behavior or circumstance.

PACHECO ABA, LLC Holidays

The following holidays will be observed by employees who are part of PACHECO ABA for the calendar year.

2022

President's Day - Monday February 21st

Memorial Day - Monday May 30th

Juneteenth - Friday June 17th

Independence Day - Monday July 4th

Labor Day - Monday September 5th

Indigenous Peoples' Day - Monday October 10th

Veteran's Day - Friday November 11th

Thanksgiving Day - Thursday November 24th

Black Friday - Friday November 25th

Christmas Day - Observed Monday December 26th

2023

New Year's Day - Observed Friday December 31st

President's Day - Monday February 20th

Memorial Day - Monday May 29th

Juneteenth - Monday June 19th

Independence Day – Tuesday July 4th

Labor Day - Monday September 4th

Indigenous Peoples' Day - Monday October 9th

Veterans Day - Friday November 10th

Thanksgiving Day - Thursday November 23rd

Day After Thanksgiving – Friday November 24th

Christmas Day - Monday December 25th

All departments will be closed on listed holidays and services will not be provided unless prior arrangements have been made and are authorized by PACHECO ABA, LLC.

PACHECO ABA Parent expectations

PACHECO ABA's goal is to provide your family with the best services possible and as a result your therapist may decide to split time between working directly with your child and working with you, the parent. Time spent working with parents will focus on basic techniques that parents can use with their child to help reduce unwanted behaviors and increase wanted behaviors. This is referred to as Parent training.

PACHECO ABA asks that parents comply with the following regulations with respect to your child's sessions:

- Be present for the entirety of session

*** The therapist is not to be left alone with the child in the home o If you are unable to be present during session, it is the parent's responsibility to arrange for another responsible adult (over the age of 18) to be present in the home during therapy

- Observe the techniques the therapist uses with your child
- This will help you learn necessary skills to help your children learn and grow
- Be responsive to feedback given to you
- We are here to help parents control unwanted behaviors, to teach and support wanted behaviors, and to help the child learn new and valuable skills. o Feedback may include
- Consequences for behaviors
- Observations about how your behavior affects your child's behavior
- Methods for teaching new skills
- Teachings about the principles underlying behavior analysis
- Create an environment where work can be accomplished
- Depending on specific goals for your child this may include:
- Worktable and chair
- Potential reinforcers
- Distraction free environment
- Provision of peers and siblings, if necessary, this may also include behaviors on your part that support transition to therapy
- such as:
 - o Not responding to the behaviors of the child
 - o Leaving work area if applicable
- In some cases, the focus is entirely on parent training:
 - o You should make yourself available for training
 - o Limit responsibilities outside of working with your therapist
 - o You should be ready to participate
 - o Try to imitate the actions of your therapist
 - o Accept professionally delivered feedback from your therapist
 - o Ask for help when it's needed.

Parents are expected to be active participants in the sessions. The level that is required for parent participation may vary throughout the day, so parents should be responsive to the needs of their therapist. The therapist will remember to be mindful of the fact that parents may have other children and responsibilities.

Please remember to communicate with the therapist. If parents are having a challenging time with a procedure or do not understand instructions, please ask for clarification. The therapist is there to help both parent and child and communication is necessary for success.

Rights and Responsibilities

PACHECO ABA, LLC is dedicated to helping children and adolescents with autism spectrum disorders- (ASD) and other developmental disabilities achieve their potential in family, community, and school life. We care about the welfare of all who receive services from us.

Although these rights are written for the patient, in most cases they also apply to the patient's parents or legal guardians. The company staff, patients, families, and visitors always act in a reasonable and responsible way.

If you have a concern about any of these rights or responsibilities, you may discuss it with the staff involved, their supervisor or company Administration. If you are still concerned, you may also speak with the office at 508-974-4760.

A Child's Rights

While you are working with PACHECO ABA, LLC, you have the right:

- To always be politely treated by a staff member who knows you.
- To keep your health information private from strangers.
- To have safe care that is not needlessly hurtful.
- To have your care told to you in a way you understand.
- To understand your options to make the best choices for your care.

A Parent's Rights

As a parent of a child at PACHECO ABA, LLC, you have the right:

- To receive a complete copy of your child's information, including diagnosis (identified medical condition), treatments and prognosis (predicted chance of recovery).
- To stop, ignore or refuse treatment for your child to the extent it is allowed by law. If you do this, PACHECO ABA, LLC may stop treating your child.
- To expect that the PACHECO ABA staff talk with you regularly to understand your family's needs, recognize developmental goals and to understand when treatment is right for your child's age.
- To be involved in your child's care and use the PACHECO ABA resources to understand your child's condition.

Responsibilities

- To give the staff your child's complete, correct medical history and to update this information with any changes.
- To follow the treatment plans developed by the ABA staff.
- To be responsible for your actions and any effect it may have on your child, if you refuse treatment or do not follow the staff's directions.
- To pay for services as soon as possible.
- To be respectful of other children, families, and ABA staff, including noise, the amount of visitors, and others' personal property.

We Are Mandated Reporters

All educators, medical practitioners, counselors, day care workers, police and all professionals who work with children are mandated reporters, which includes all staff at PACHECO ABA, LLC. Massachusetts General Law (Chapter 119, Section 51A) requires that all suspicions of child abuse or neglect of children under age 18 must be reported to the Department of Social Services. An oral report must be made within 24 hours of suspicion, and a signed, written report must be made within 48 hours (about 2 days). Failure on the part of any mandated individual to report a suspected case of abuse or neglect can result in a criminal fine.

When We Have to Call

As mandated reporters, we must call when we have reasonable cause to believe that child is suffering serious physical or emotional injury resulting from abuse, including sexual abuse, or neglect, including malnutrition.

Abuse means the non-accidental commission of any act against a child which causes or creates a substantial risk of physical injury or emotional injury; serious physical injury to a child or the commission of any offense against child as defined by the criminal laws of the Commonwealth, or any sexual contact between child and caretaker. **Neglect** includes the failure by a caretaker either deliberately, through negligence or inability, to take actions necessary to provide child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care.

After a report is filed, the Child Protective Service (CPS) unit of the local department of social services is required to begin an investigation within 24 hours. This investigation will include an evaluation of the safety of the child named in the report and any other children in the home, and determination of the risk to the children if they continue to remain in the home.

Sexual Harassment

Sexual Harassment is conduct of sexual nature that makes the environment intimidating, hostile, offensive or otherwise adverse upon its exhibition.

These conducts include, but are not limited to

- making unwanted requests or advances of sexual favors
- Verbal or physical conduct of sexual nature
- Jokes or comments that include sexual overtures

PACHECO ABA, LLC will not tolerate sexual harassment to its employees. Any employee who believes that he or she has been sexually harassed is advised to immediately report to his or her supervisor. As a result, the employee may be removed from the case and appropriate legal actions will be taken on the part of PACHECO ABA, LLC

PACHECO ABA, LLC will not tolerate sexual harassment directed at parents, caregivers, or clients. Parents, caregivers, clients, or other individuals involved with PACHECO ABA, LLC services who believe that he or she has been sexually harassed by a PACHECO ABA, LLC employee is also advised to report to the supervisor who oversees the employee. If it is the supervisor who is engaging in sexual harassment, please call HR at 508-974-4760. Appropriate course of action will follow the notification of the incident to the Administrator at 508-974-4760.

Verbal Abuse

Verbal abuse is any statement of disapproval which is undeserved, and which tends to cause lasting scars. Verbal abuse can be based on various natures such as one's personality, skills, appearance, race, sexual orientation, and so on. Its definition also suggests individual differences in the interpretation of statement as verbal abuse or not. These statements include, but are not limited to,

- You have no idea what you are doing.
- You are too sensitive.
- Any use of cursing or swear language toward an individual, ect...

PACHECO ABA, LLC will not tolerate verbal abuse to its employees on any basis. Any employee who believes that he or she has been verbally offended is advised to report immediately to his or her supervisor. As a result, the employee may be removed from the case and appropriate actions will be taken by PACHECO ABA, LLC.

PACHECO ABA, LLC will not tolerate verbal abuse directed towards parents, caregivers, or clients. Parents, caregivers, clients, or other individuals involved with PACHECO ABA, LLC's services who believe that he or she has been verbally offended by PACHECO ABA, LLC's employee is also advised to report to the supervisor who oversees the employee. In the event that it is the supervisor who is engaging in verbal abuse, please contact HR immediately at: 508-974-4760. Appropriate course of action will follow the notification of the incident to the Administrator.

Taking Vacation

When arranging to take vacation please be mindful that PACHECO ABA, LLC is working hard to provide consistent treatment for you and your family. When services are interrupted for an extended period, you may notice a decline in skills or a rough transition back to therapy sessions. We

understand the need to take vacation, but please do so sparingly. Always give your therapist a minimum of 1 months' notice if possible if you are planning a vacation.

Parent Role as Data Collector and Trainee

As a parent, you are expected to actively participate in the therapy of your child. Two roles you are expected to fulfill are as a data collector and a trainee in the concepts of applied behavior analysis.

Data Collector: You will not be expected to take data without clear instructions from your therapist or case supervisor. However, if your therapist provides you with written and/or verbal instructions about data collection, you are expected to comply with his/her requests. The purpose of data collection is to assess the problem or desired behavior when the therapist is not available to observe the behavior directly. Some instances in which you may be asked to collect data on your child's behavior are:

- behaviors that occur during the evening or morning
- behaviors that occur infrequently
- severe behaviors that are of danger to self and others

If you have questions regarding data collection, please ask your therapist or case supervisor.

Trainee: In every case PACHECO ABA, LLC strives to teach you as parents and caregivers the appropriate techniques to change and control the behavior of your child or children. By training you as parents and caregivers to apply the techniques of applied behavior analysis when we are not present in the house, your child will better learn to function in the community and at home

setting regardless of who is present. While our therapists may be able to bring about dramatic changes in your child's behavior during sessions, it is unlikely that these behaviors will continue upon their departure if you are not properly implementing the techniques of applied behavior analysis.

- Your role as a trainee is as follows:
- Be present for the entirety of sessions
- Observe the therapist working with your child
- Ask questions
- Take feedback from your therapist
- Try to implement techniques of applied behavior analysis while your therapist is there to provide corrective and supportive feedback
- Practice while your therapist is not at the house
- Write down questions you have between sessions

Client Responsibilities

Active participation is essential. Please see the attached Rights and Responsibilities.

Termination of Services

You are free to discontinue ABA services at any time for any reason. We ask that you discuss your intent to terminate services in advance allowing us time to help review progress, create discharge plan and transition you to a new provider if desired.

PACHECO ABA, LLC INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

Child's Name: _____ Date of Birth: _____

I understand that as a client OF PACHECO ABA, LLC my child is eligible to receive a range of services at PACHECO ABA, LLC and extent of services my child will receive will be determined following an initial assessment and thorough discussion with me. The goal of the assessment process is to determine the best course of treatment for my child. Typically, treatment is provided over the course of several months or years.

I understand that all information shared with the clinicians at PACHECO ABA, LLC, is confidential and no information will be released without my consent. During treatment at PACHECO ABA, LLC, it may be necessary for my therapist to communicate with providers. While written authorization will not be requested, prior to any discussion with my providers, I understand that my therapist will discuss these communications with me.

In all other circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in exceptional circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is risk of imminent danger to myself, my child or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the clinician is legally required to take steps to protect the child, and to inform the proper authorities.
- C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

I understand that a range of ABA professionals, some of whom may be in training, provide ABA services. All professionals-in-training are supervised by licensed staff.

I understand that all therapies may provide significant benefits, it may also pose risks.

I understand that PACHECO ABA, LLC may videotape therapy sessions. I understand that such recording(s) will be used only for educational purposes and that the professionals involved will respect and protect the confidential nature of the sessions. I understand that the tapes will be the property of PACHECO ABA, LLC.

I also understand that if I (or my child) object to be videotaped, it will in no way jeopardize my relationship with PACHECO ABA, LLC.

If I have any questions regarding this consent form or about the services offered at PACHECO ABA, LLC, I may discuss them with my therapist. I have read and understand all the above. I consent to participate in the evaluation and treatment offered to me by PACHECO ABA, LLC. I understand that I may stop treatment at any time.

Parent/Guardian Signature _____ DATE _____

Parent Policy Checklist

- Cancellation Policies
- Inclement Weather Policy
- Informed Consent
- PACHECO ABA Holiday Schedule
- Parental Expectations
- Patient and Parent Rights and Responsibilities
- Mandated Reporter Information
- Sexual Harassment Policy
- Verbal Abuse Policy
- Taking Vacation
- Parent Roles: Data Collector and Trainee
- The Basics about ABA
- Client Responsibilities

I _____ have received and reviewed these documents with my case supervisor or therapist.

Parent Signature _____

Date _____

Service Delivery Promise

Attendances

- PACHECO ABA will do its best to maintain reliable staffing.
- The Company will do its best to maintain the agreed time frame per company policy.
- The parent/guardian will have client ready for session and be available during the scheduled session time.
- The parent/ Guardian will keep scheduling with no more than 10% cancelled time per quarter.

Your Clinician will discuss cancellation if your Child gets above 10% cancellation per quarter. Excessive cancellation will result in client discharge from PACHECO ABA services.

Child's Name: _____ DATE: _____

Date of Birth: _____

Clinician Sign: _____ DATE: _____

Parent/Guardian Sign: _____ DATE: _____

Print Name: _____

PRIVATE TRANSPORTATION RELEASE CONSENT FORM

At times it becomes necessary to use private vehicles to transport students to and from program activities. Pacheco ABA requires that the guardian to sign a Private Transportation Release Consent Form that appears below: By signing this form, I hereby release Pacheco ABA, as well as its clinicians or employees from all liability or damages for all injuries arising while traveling to this activity via private transportation. Our employees will follow a strict rule set when transporting our students with safety in mind. Students and staff are required to always wear seat belts. Staff is required to follow the rules of the road, and if injury does happen while breaking the law, they are deemed liable. Please sign below if you agree to allow our clinicians to transport your child to and from program activities or school.

Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

Sincerely,

Steven Pacheco MS, LABA

Pacheco ABA Service and Behavioral Consulting LLC

Pacheco.aba@outlook.com

Pacheco ABA Service and Behavior Consulting LLC

AUTHORIZATION TO RELEASE INFORMATION

Expires: _____

Patient Name: _____ DOB: _____

Street Address: _____

City/State: _____ Zip: _____

I understand this release is voluntary and applies to all programs and services operated under the auspices of Pacheco ABA Service and Behavior Consulting LLC.

I hereby authorize Pacheco ABA Service and Behavior Consulting LLC to (check all that apply):

Exchange information with Release information to Obtain information from

The following Organization/Individual regarding the above-named patient:

Name of Organization/Individual: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Description of information to be exchanged / released / obtained (select all that apply):

Education records

Evaluation/assessment/eligibility records

Medical records

Clinical records (including behavior analytic, psychological, physical, occupational, and speech therapies)

***This information is to be used for diagnostic, treatment planning and continuity of care purposes only.**

Signature of Parent or Legal Guardian: _____ Date: _____

Print Name of Person signing form: _____

Relationship to Patient: _____

Licensed Clinician:

_____ Date: _____

Pacheco ABA Service and Behavior Consulting LLC

AUTHORIZATION TO RELEASE INFORMATION

Expires: _____

Patient Name: _____ DOB: _____

Street Address: _____

City/State: _____ Zip: _____

I understand this release is voluntary and applies to all programs and services operated under the auspices of Pacheco ABA Service and Behavior Consulting LLC.

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Signature of Parent or Legal Guardian: _____ Date: _____

Print Name of Person signing form: _____

Relationship to Patient: _____

Licensed Clinician:

_____ Date: _____

COVID 19 Protocols for Parents Cancelling sessions:

If you or anyone in your household has experienced these symptoms within the last 48 hours, please call your clinician to reschedule your child's session.

Have you experienced any of the following symptoms of COVID-19 within the last 48 hours?

- Fever or chills
- Shortness of breath or difficulty breathing.
- Muscle or body aches
- New loss of taste or smell
- Congestion or runny nose
- Diarrhea
- Cough
- Fatigue
- Headache
- Sore throat
- Nausea or vomiting

FOR EMPLOYEES: You MUST inform your supervisor if you:

- Have any of the above symptoms, received a confirmed positive COVID-19 test result, have been diagnosed with COVID-19 by a licensed healthcare provider, Experience new loss of taste and/or smell with no other explanation; or Experience both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath.

*****If you attend a session and notice any symptoms above by the family, it is ok if you politely end session and notify your supervisor to contact the family for future scheduling.**

*****Families and Employees must obtain a negative covid test result or quarantine for 10 days before sessions can be continued*****

Signature _____

DATE _____

Thank you for your continued help to keep everyone safe during this time. If you have any questions or concerns, please feel free to call or email me at any time.

Steven Pacheco Owner/LABA

Office Phone: 508-974-4760

Email: Steven@pachecoaba.com

Client:

DOB:

Student must be picked up by someone on this list verified by guardian. No Exceptions!

Parent Pick-up List

1. _____

2. _____

3. _____

Parent Signature: _____

Date: _____

Intake form

Client Demographics:

Name of Client: _____	
_____	_____
Last	First MI
Age:	Date of Birth: / /
Current Diagnosis:	
Date of Diagnosis:	
Diagnosed By:	Age at Diagnosis:

Numbers of Hours for Services:

Availability: Times and Days

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Parents and/or Guardians:

Mothers Name:	Fathers Name:
Home Number:	Home Number:
Mobile Number:	Mobile Number:
Work Number:	Work Number:
Email Address:	Email Address:

1. Are parents married _____ Divorced _____ Separated _____

If divorced, who has custody of minor _____

What days?

Please list any stepparents: _____

1. List any others living in the home:

Name	Age	Relationship

Are there any people who have a significant role on how this child is raised?

Family Psychological History:

Is there a history in your immediate or in the mother/father's extended family, of the following, and if so what?

Yes	No		Who?
		Autism Spectrum Disorders	
		Learning Problem/ Disabilities	
		ADHD-ADD-Attention Problems	
		Depression or bipolar disorder	
		Behavior Problems in School	
		Anxiety Disorders (OCD, Phobias, etc)	
		Psychosis/ Schizophrenia	
		Substance Abuse/Dependence	
		Other Mental Health Concerns	

School/Childcare Center:

Name of School/ Center:
Principal/Contact Person:
Teachers Name:
Phone Contact:
Email:
Address:

Primary Insurance:

Subscribers Name:
Subscribers Employer:
Carrier:
Group Number:
Phone Number:
Case Manager:
ID #
Fax#
Claims Address

Primary Care Provider

Name:	Phone:
Address:	City:
State/Zip Code:	Contact #:

1. Please indicate if your child is experiencing any of the following: Yes/No

Problems with eating/Prepare

- Meals/snacks _____
- Pour drinks _____
- Clean after eating _____
- Eats out appropriately with family _____

Grooming/Dressing

- Pulls pants up/down _____
- Shoes on/off _____
- Ties shoes _____
- Puts Shirts on/off _____

Hygiene

- Hand washing _____
- Teeth brushing _____
- Blows Nose _____
- Bathing _____

Toileting

- Urinates independently _____
- Bowel movements independently _____

Safety and Health

- Follows playground rules/turn taking _____
- Informs parent when sick/hurt _____
- Takes medication independently _____
- Reports emergencies _____
- Avoids hazards Electricity/poison/matches/common household _____

Assists in care taking

- Helps classmates/siblings clean _____
- Shares toys or materials _____
- Gets something for the parent from next room _____
- Picks up toys _____
- Puts dirty clothes away _____

Budgeting and planning/scheduling

- Saves money in a piggy bank _____
- Knows the value of money _____
- Uses money to purchase goods _____

Travel

- Walks next to/holds hand of caregiver _____
- Crosses street appropriately _____
- Looks both ways _____
- Stops at the curb _____
- Walks or rides bus appropriately _____

Community Safety

- Does talk to stranger _____
- Accepts things from strangers _____
- Stays with parent while shopping _____

Behaviors

- Aggression: Hits, kicks, pinches, punches, biting _____
- Elopes -leave an area/caregiver without permission _____
- Flopping -Falling to the floor _____

General problems

- Problems keeping friends _____
- Problems going to sleep _____
- Problems controlling temper _____
- Problems sleeping through the night _____
- Trouble waking up _____
- Fatigue/Tiredness through the days _____
- Bed Wetting _____
- Problems with authority _____
- Anxiety _____
- Unmotivated _____
- Stress from conflict between parents _____
- History of Abuse _____
- School Concentration Difficulties _____
- Sadness or Depression _____

1. List any operations, serious illnesses, injuries, hospitalizations, allergies, ear infections, or other special conditions:

1. With which hand does the child write with right _____ left _____ both _____

1. Does the individual have any visual problems: _____ ?

1. Does the child have any hearing problems: _____ ?

1. Name of child's primary physician(s) _____

1. Practice Name: _____

1. Address: _____ Phone Number:

Fax Number: _____

1. Does your child's teacher have concerns about him/her at school?

—

1. Does your child engage in extracurricular activities?

1. Please list 5 things you would like your child to do more or less of in order of priority to you. For example, instead of saying "I want my child to more responsible" translate that into actual behaviors such as do household chores.

Like the Child to do more often

Like the child to do less often

1. _____

1. _____

1. _____

1. _____

1. _____

Medications: Please list any medications that your child is currently taking

Medication	Dosage	Length of Time Taken

Current Medical Conditions:

Please list any medical diagnosis:	Cerebral Palsy__ Autism/PDD____ Hyperactivity__ ADHD____ ODD (noncompliance)____
Please list any current allergies that your child may have:	
Please list any special nutritional needs:	
Are immunizations up to date?	

Skill Assessment

Language:

Does your child	<u>Yes or No</u>	<u>Comments</u>
Match objects or pictures		
Follows directions without visual cues		
Indicates wants and needs		(Using: words pictures or gestures)
Imitates sounds or words when modeled		
Uses words to ask for things		
Labels items he/she sees or hears		
Answers questions		
Speaks in sentences (If no, skip remaining questions)		Using: 3 5 8+ words
Participate in conversation?		
What are your principle concerns regarding your child's language		

Play Skills:

<u>Does your child</u>	<u>Yes or No</u>	<u>Comments</u>
look at books		
Complete task completion toys (ie puzzle)		
Play with toys using them like real items		
Play games by the rules		
Play appropriately on his or her own for up to 5minutes		
What are your principle concerns regarding your child's language		

What are things the person like and reinforcing to him/her?

1. Food Items:

2. Toys and Objects:

3. Activities at home:

4. Activities in the community:

5. Other:

Parent/Guardian X _____ Date _____

Clinician X _____ Date _____

Late Policy

Attention all Pacheco Autism Center families, this is a notice to reinforce our late policy as well as track late pickups. Please be advised that everyone is approved for allotted hours by insurance based on their specific case and needs. Our company does not cover or provide outside of the approved allotted hours for any individual. Below we have listed your child’s approved allotted hours and agreed upon weekly scheduled times. Please note that your child cannot be taken earlier than their set appointment time. The center opens at 8am, you are welcome to wait in the lobby until the start of their session time.

Our late policy is as follows

First offense longer than 15 minutes will be a verbal warning

Second offense longer than 15 minutes will be a written warning

Third offense later than 15 minutes you will be charged a late pick-up fee of \$50.00

Fourth offense later than 15 minutes you will be charged a late pick-up fee of \$75.00

Sixth offense later than 15 minutes you will be discharged from our care.

*****All late pick up fees are to be paid prior to your next session. You will not be able to attend your next session until the fee is paid*****

Monday	Tuesday	Wednesday	Thursday	Friday

I, _____ agree and confirm that the hours listed above are correct and that I can pick up and drop off my child on time for the allotted hours. I, agree to abide by the late policy and know that I will be charged and or discharged according to the offense. All late offenses will be documented.

Offense	Signature	Supervisor Signature
1. Verbal warning		
1. Written warning		
1. \$50.00 late charge		
1. \$75.00 late charge		
1. \$100.00		
1. Discharge		

Parent/Guardian Signature _____ DATE: _____

Supervisor Signature _____ DATE: _____