Please print packet single-sided.

Please call the center for any questions.

Arrow Academy
ABA Learning & Treatment Center

Upd. 12.2023

Dear Parents,

Welcome! Thank you for your interest in Arrow Academy's ABA program! We are delighted you have chosen us to work with your son or daughter and help them reach their highest potential. Our mission at Arrow Academy is to improve the adaptive skills and quality of life for the individuals we serve and their families by delivering up-to-date, high-quality services that focus on connecting with our clients and building trusting relationships through our treatment sessions.

Treatment is aimed at improving your child's communication, social interactions, life skills, and/or coping strategies. At Arrow Academy, we look at each individual child and aim to understand their individual skill sets to give us the best picture of your child's unique needs.

Your first meeting with us will likely be at the Initial Intake Interview. This meeting will be led by 1 or more ABA clinicians who will make up part of your child's ABA team. Parents are encouraged to bring family members who provide a large amount of care for the child, as well as bringing your child to the first visit. A staff member will interact with your child during this initial interview and begin initial assessments for him/her.

The next step will be to schedule several follow-up assessments that will occur in the center, in your home and/or in school (if possible). These follow-up assessments are scheduled for 2 hours each visit. You may be asked to participate in the follow up assessments as well.

After the Follow-up Assessments and only when we have collected all the necessary paperwork will we be able to submit the Prior Authorization Request – the approval from your insurance company. This Prior Authorization process can take up to 1 month, depending on the insurance company.

Treatment will only be effective if we can work alongside you in the process. Parent involvement is necessary and one of the more important factors in helping your child succeed!

We look forward to serving you and your child!

The chart below indicates assessments, evaluations and/or paperwork required BEFORE beginning treatment at Arrow Academy. Please read the list carefully and submit or have ready ALL the pertaining documents by the time of your personal, scheduled Intake Interview with Arrow Academy. Delays in submission of paperwork delays the approval of funding and your child's potential start date.

Check	Paperwork Item Needed to Submit Authorization for Services
	Diagnostic Assessment: A diagnosis of Autism that indicates an assessment tool such as CARS-2, ADOS-2, ADI-R.
	Copy of ALL Insurance Cards: Before beginning services, verification of insurance for both primary and secondary insurances is required. A photocopy of the front and back of the insurance card(s) is sufficient. A record of every insurance card is required even if the insurance does not cover ABA services.
	Copy of Individualized Education Plan (IEP): A copy of your child's most recent IEP (if they have one) is required to submit as part of the funding source authorization process. If your child does not have an IEP, the Individual Family Service Plan (IFSP) from your child's Birth-to-3 provider is required.
	Other Related Service Records: This is required to have a complete case history of your child. These would include other ABA service provider plans or reports, Speech, OT, PT, etc.

Other Responsibilities
Yearly Physical Examination Record: To comply with Medicaid requirements, a record of your child's yearly physical examination completed by a licensed physician is needed. You will be required to stay up to date with his/her yearly well-child appointments.
Medication List: Please submit a list of medications your child currently takes (if applicable) that indicates: • Name • Dosage & time of day • Prescribed for (i.e. anxiety, ADHD symptoms, impulse control etc.) Please inform Arrow Academy of any changes to dosages, additions or eliminations as this could affect behavior.

WHAT TO EXPECT DURING TREATMENT?

Parent Copy – parents, keep this copy for your records.

Many parents wonder how they will be involved as part of their child's treatment. Arrow Academy schedules treatment weekly in time blocks of 2 hours. As soon as the approval comes through, and we have available staff to cover your child's treatment hours, we will contact you to let you know your child can begin!

Below is an outline of your responsibilities as a parent during treatment:

Beginning Treatment

Your child will be developing a relationship with their team of staff, learning the routine of the center and also the center's expectations.

Parents will be meeting with their BCBA to discuss their child's Treatment Plan, make any suggested revisions and have parents sign the plan. Usually this happens on the first day of treatment, but can happen before the first day upon request.

Parents will also meet and coordinate with the Family Guidance BCBA. Regular, recurring appointments will be set up with caregivers in the first 6 months to deliver the 13-lesson program. This involvement is a requirement by funders for continuation of treatment and is essential to the success of your child.

Daily Expectations

At pick-ups, you will receive communication from Technicians via an oral summary and written summary of your child's day. It is important to ask any questions or voice concerns that you may have, but please keep in mind the Technician you are speaking with may have no control over modifications to your child's case or the center's protocol. Please feel free to ask to speak with your BCBA or GCA if you have concerns about your child's programming, behavior support plan, communication issues etc.

If you have any questions or concerns regarding your child's ability to generalize skills from the center or their problem behavior at home, please consult with your BCBA/GCA.

Weekly/Monthly

Each week/month, depending on the schedule set between you and your child's BCBA, you will receive an email/paper report about the targets your child has been working on in the center and what you can do to support those at home.

Monthly

An "Arrow Academy Newsletter" is sent home with your child near the beginning of each month containing information about the upcoming month's reminders, any Holiday schedule notices, new staff, company changes etc.

Bi-Yearly Updates

Every 6 months, a Progress Review meeting will be scheduled, summarizing your child's progress on current treatment goals over the past 6 months as well as graphs of any problem behavior that your child's team may be working on reducing.

At this time, you will have the opportunity to review your child's progress to date, discuss updates, request changes and be able to observe your child during engaging in a treatment session.

Please note, this is the scheduled time to formally discuss your child's overall progress and response to treatment. You may, at any time, request to meet to review this information if you feel more frequent or emergency reviews are necessary.

CLIENT BILL OF RIGHTS

Parent Copy – parents, please keep this copy for your records.

Arrow Academy believes in treating children and their families with respect and dignity. We are also committed to abiding by the laws and public policies, which govern relationships between consumers and providing agencies.

CLIENT RIGHTS

Arrow Academy acknowledges that the clients and their families have the following rights:

- You and your child have the right to receive courteous treatment and appropriate care based on your needs.
- You have the right to know the qualifications/credentials of the staff.
- You have the right to receive information about your child's treatment in a language you can understand. This includes being informed of the therapy program and the nature and purpose of the treatment as it relates to your child.
- You have the right to know the estimated length of the therapy, costs, goals and all the information related to the progress of your child.
- You have the right to make decisions about your treatment plan prior to and during the course of treatment.
- You have the right to refuse to provide information at any time. However, lack of information may affect our ability to help your child and reduce the possibility of receiving outside funding for the services provided.
- You have the right to refuse treatment or request alternate staffing.
- You have the right to review your child's internal therapy records; however, records Arrow Academy may have received from outside sources cannot be released to you.
- You have the right to every consideration of privacy of information.
- You have the right to request the release of information to any person or organization you choose.
- You have the right to receive complete information about our services.
- You and your child have the right to receive services free from sexual harassment (both physical and verbal).
- You have the right to receive services and be free from any form of exploitation.
- You have the right to be informed of the policies and procedures of Arrow Academy.
- You have the right to not be terminated from our program without explanation and/or notice.
- You have the right to express dissatisfaction or request a change in the treatment plan without restraint, interference, coercion, discrimination or reprisal.
- You have the right to not be discriminated against on the basis of race, religion, age, gender, ethnic origin, creed, sex, sexual orientation, arrest or conviction record, or status with regard to public assistance.

- You have the right to file a complaint or grievance.

CLIENT RESPONSIBILITIES

As a client of Arrow Academy, you have responsibilities as well as rights:

- You are responsible to be clear and direct about your child and his/her disability or developmental delays. It is important for you to provide complete and accurate information about your child's medical history, medications and any other matters relating to your child.

- You are responsible to understand your child's treatment plan. Your willingness to follow home program requests bears directly on the success of your child's treatment.

- You are responsible for arranging payment for the services you receive.

- You are responsible for keeping your schedule appointments. If your child cannot keep an appointment, please advise us as soon as you can. We recognize that children get sick unexpectedly and miss scheduled appointments. Arrow Academy does reserve the right to discharge your child when three out of four consecutive appointments are missed without advance notice. Therefore, you must advise scheduling as soon as possible whenever your child is unavailable for a scheduled appointment.

- You are responsible for respecting the right of privacy and confidentiality of other clients in our center. This is especially true of other clients you meet while participating in group situations in settings outside of the center.

- You are responsible to help us assure that our therapy center feels safe and all are protected. Arrow Academy reserves the right to terminate contact with individuals who engage in abusive language or behavior, any form of harassment or who are perceived to be under the influence of alcohol or drugs.

Health Insurance Portability and Accountability Act Privacy Notice (HIPAA)

Parent Copy – parents, please keep this copy for your records.

This notice describes how Arrow Academy uses and discloses your medical and other identifying Protected Health Information (PHI). In addition, this notice describes your legal rights in regards to your records, and the process for accessing your records. Please review this notice carefully.

As part of providing services, Arrow Academy will collect PHI about your child's health care and your family. Arrow Academy needs this PHI to provide quality services and to comply with certain legal requirements. This notice applies to all records generated by Arrow Academy. This law requires us to:

- Make sure that records with identifying PHI are kept private.
- Give you this notice of our legal duties and privacy practices with respect to PHI; and
- Follow the terms of the Privacy Notice that is currently in effect.

How Arrow Academy May Use and Disclose PHI

Listed below are a number of reasons or ways in which Arrow Academy may disclose PHI. In each category, there is an explanation of the reason and usually an example. This notice does NOT LIST EVERY USE OR DISCLOSURE IN A CATEGORY. The reasons Arrow Academy might disclose PHI includes:

>For Treatment: Arrow Academy may disclose PHI to Arrow Academy personnel or outside of Arrow Academy to others who are involved in providing care to you or your child. For example, Arrow Academy Senior Therapists meet weekly to discuss challenging behaviors and programming and may share PHI at that time. In addition, with written consent, Arrow Academy may communicate with your child's County Case Manager.

>For Payment: Arrow Academy may use and disclose PHI so that services may be billed and payment may be collected from an insurance company or a government health program. Arrow Academy may also tell your health plan about a service your child may receive to obtain prior approval or to determine whether your health plan will cover the treatment. As legal guardians, you must provide informed consent for Arrow Academy to release this PHI.

>For Health Care Operations: Arrow Academy may use Arrow Academy to run our program and to make sure Arrow Academy is providing quality services or to decide if services should be changed or modified.

>As Required by Law: Arrow Academy will disclose PHI when required by federal, state, or local law. For example, state law requires Arrow Academy to report suspected abuse or neglect to the proper authorities, which will require the release of PHI. This use of PHI does not require consent.

>To Avoid a Serious Threat to Health or Safety: Arrow Academy may use or disclose PHI when necessary to prevent a serious threat to your child's health and safety or the health and safety of the public or another person. As legal guardians, you will have the opportunity to provide written consent for this use of PHI.

>Military and Veterans: If you are a member of the armed forces, Arrow Academy may release PHI about you as required by military command authorities without additional consent.

>Workers' Compensation: Arrow Academy may release PHI for workers' compensation or similar programs when required by law to do so. For example, if you are involved in a claim for workers' compensation benefits, Arrow Academy may release PHI requested about your child's health.

>Health Oversight Activities: Arrow Academy may disclose PHI to a health oversight agency for activities authorized by law. Examples are government audits, investigations, inspections and licensure.

>Lawsuits and Disputes: If you are involved in a lawsuit or dispute, or if there is a lawsuit or dispute concerning our services or someone who provided services to you. Arrow Academy may disclose PHI in response to a court or administrative order. Arrow

Academy may also disclose PHI in response to a subpoena, discovery request, or other lawful process from someone else involved in the dispute, but only if efforts have been made to inform you about the request prior to providing the PHI to allow you to obtain an order protecting the PHI requested.

>Law Enforcement: In certain situations, Arrow Academy may release PHI to law enforcement officials. For example, Arrow Academy might release PHI about you to identify or locate a missing person; about a death at Arrow Academy that may be the result of criminal conduct; or in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description of location of the person believed to have committed the crime.

>Coroners, Medical Examiners and Funeral Directors: Arrow Academy may release PHI to a coroner or medical examiner to identify a deceased person or determine a cause of death. Arrow Academy may release PHI to funeral directors as necessary to help them carry out their duties.

>National Security and Intelligence, Protective Services for the President and Others: Arrow Academy may release PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

>Correctional Programs: If you are an inmate or in the custody of a law enforcement officer, Arrow Academy may release PHI to the correctional institution or law enforcement official, to protect your health and safety or the health and safety of others.

Your Rights and Your Child's Rights Regarding Your Protected Health Information

As legal guardians for your child, you have the following rights:

1. To Inspect and Copy Arrow Academy Service Records: Usually this includes medical and billing records but may exclude psychotherapy notes. To inspect and copy PHI in your record you must submit a request in writing to the center Director or HIPAA Compliance Officer. Arrow Academy is allowed to charge a reasonable fee for the costs of copying, mailing or other costs related to your request.

In very limited circumstances Arrow Academy may deny your request. If Arrow Academy denies your request, you may ask that the denial be reviewed. Another licensed health care professional of Arrow Academy will then review your request and either uphold the original decision or reverse it.

2. To Amend your Records: If you believe that the PHI Arrow Academy has about you and/or your child is incorrect or incomplete; you may make a written request to the HIPAA Compliance Officer to amend the PHI. You must include a reason that supports your request.

Arrow Academy may deny the request if it is not in writing or does not include reasons to support the request. Arrow Academy may also deny your request if you ask us to amend PHI that:

- was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- is not part of the PHI kept in our file;
- is not part of the PHI you would be permitted to inspect and copy or
- Arrow Academy believes the PHI is accurate and complete.

If you disagree with the denial, you may submit a statement of disagreement. If you request an amendment to your record Arrow Academy will include your request in the record, whether the amendment id accepted or not.

3. To Receive an Accounting of Disclosures: Arrow Academy will keep a log of disclosures made on or after November 1, 2011, other than disclosures for treatment, billing or health care operations. You have the right to request the list of disclosures. You must submit a written request to the HIPAA Compliance Officer. The request may not cover more than a six-year period.

4. To Request Restrictions: You may request a restriction on the disclosure of PHI for treatment, payment or health care operations. Your request must be in writing to the HIPAA Compliance Officer. Your request must clearly state 1) what PHI is to be limited 2) whether you want to limit our use, our disclosure or both; and 3) to whom you want the limit to apply. For example, you could ask Arrow Academy not use or disclose PHI to a certain person about services your child has received.

Arrow Academy does not have to agree to your request to restrict access to PHI. If Arrow Academy does agree, Arrow Academy will comply with your request unless the PHI is needed to provide emergency treatment or to comply with a lawful and legal request or investigation.

5. To Request Alternative Ways to Communicate: You may request that Arrow Academy communicate with you about services in a certain way or at a certain location. For example, you can ask that Arrow Academy contact you only at work or only by mail. Your request must be in writing, must tell us how you would like us to communicate with you, and must be sent to the HIPAA Compliance Officer. Arrow Academy with accommodate all reasonable requests.

6. To Receive a Paper Copy or Electronic Copy of this Notice: You have the right to receive a paper or an electronic copy of this notice from the HIPAA Compliance Officer.

Additional Rights Under State Law

State privacy laws may provide additional privacy protections. Any such protections will be attached in a separate State addendum to this Notice.

Changes to this Notice

Arrow Academy may change this notice in the future. Arrow Academy can make the revised or changed notice effective for PHI Arrow Academy already has about you as well as any PHI Arrow Academy may create of receive in the future.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the HIPAA Compliance Officer or with the Secretary of Health and Human Services. All complaints must be in writing. Arrow Academy will not retaliate against you for filing a complaint.

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

http://dcf.wisconsin.gov

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	~~First Day of Attendance~~

PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)	Does child reside at this location? ☐ Yes ☐ No	Place of Employment and Work Phone No.

b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)	Does child reside at this location? ☐ Yes ☐ No	Place of Employment and Work Phone No.

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off**.** If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.
☐ Yes ☐ No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.

PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number

AUTHORIZATIONS

☐ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
~~☐ Yes ☐ No~~ I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
~~☐ Yes ☐ No~~ I give permission for my child to participate in ☐ Transported ☐ Walking field trips and other activities during operating hours.
~~☐ Yes ☐ No~~ I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE – Parent or Guardian	Date Signed

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	~~Date First Day of Attendance (mm/dd/yyyy)~~

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility	Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

	Brand Name	Ingredient Strength
☐ Yes ☐ No I authorize the center to apply sunscreen to my child.		
☐ Yes ☐ No I authorize the center to allow my child to self-apply sunscreen.		
~~☐ Yes ☐ No~~ I authorize the center to apply repellent to my child.	~~Brand Name~~	~~Ingredient Strength~~
~~☐ Yes ☐ No~~ I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

☐ No specific medical condition

☐ Asthma ☐ Diabetes ☐ Gastrointestinal or feeding concerns including special diet and supplements

☐ Cerebral palsy / motor disorder ☐ Epilepsy / seizure disorder ☐ Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

☐ Other condition(s) requiring special care – Specify.

☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.
   a.
   b.
   c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian	Date Signed (mm/dd/yyyy)

Review dates: _____ _____ _____ _____ _____

Arrow Academy
ABA Learning & Treatment Center

PARENT HANDBOOK ACKNOWLEDGEMENT FORM

Our Parent Handbook is found on our website: www.arrowacademywi.org.
Please review the handbook in its entirety online before signing the form below.
The Parent Handbook is where you will find the operating policies, fees, rules, and expectations of services at Arrow Academy Inc. It is important to review the handbook thoroughly before enrollment.

By signing the Parent Handbook Acknowledgement Form, you are indicating that you have read, understand, and agree to follow the Policies and Procedures relating to parents.

The Parent Handbook is subject to change without notice. Parents may receive notification of these changes and will continue to have access through the Arrow Academy Inc. website.

My signature indicates that I have reviewed the parent handbook. I understand that it is my responsibility to read, understand and follow the Policies and Procedures outlined in this handbook and any future revisions and am subject to any conditions outlined in the handbook.

Client's Name: _____ Date of Birth: _____

Parent Signature: _____ Date: _____

ADDITIONAL AUTHORIZED PICK UP (optional) The following people are authorized to pick up my child (other than parents/guardians and emergency contacts listed above)		
Name	Relation to Child	Phone Number

RESTRICTED PICK UP (optional) The following people are restricted from picking up my child *Must provide legal documentation in some cases.	
Name	Relation to Child

*I understand that in some cases Arrow Academy Inc. cannot withhold releasing my child to a legal guardian if no legal documentation is on file and I agree to provide such documentation along with this document.

Parent/Guardian Signature: _____ Date: _____

Print Client Name: _____

Arrow Academy
ABA Learning & Treatment Center

CONSENT FOR SERVICES

This document describes the nature of the agreement for professional services, the agreed upon limits of those services and rights and protections afforded under the Behavior Analyst Certification Board's Guidelines for Responsible Conduct of Behavior Analysis. I will retain a copy of this document for my records.

I agree to have my child/dependent participate in Applied Behavior Analysis (ABA) assessment and/or treatment services provided by Arrow Academy Inc. I understand that the specific activities, goals and desired outcomes of these services will be fully discussed with me and that I will have the opportunity to ask for clarification prior to signing this document. I also understand that I have the right to ask follow-up questions throughout the course of services delivery to ensure my full participation in services. If these services have been arranged or will be paid for by a third party (i.e. school, insurance plan, state agency) I am aware that the third party has the following rights: to review documentation/reports for billing purposes. I also understand that my child/dependent is the primary client of Arrow Academy Inc. and that services will be designed primarily for his/her benefit. Any other individuals or agencies (i.e. family, school professionals) who may be affected by the services are considered secondary clients.

I agree to have my child/dependent participate in Applied Behavior Analysis (ABA) assessment and/or treatment services provided by Arrow Academy Inc. via telehealth. I understand that these services will be conducted using a non-public facing telecommunications device and/or application. This means that the audio and visual information transmitted will be shared only with the participants (i.e. Arrow Academy Inc. staff member present for the session and client caregivers present for the session). I recognize this will require both parties to have a working internet connection, a device capable of video and audio sharing (smart phone, tablet, laptop, etc.), and a sharing application mutually agreed upon. I recognize that there is some risk of data breach with such devices and applications. Arrow Academy Inc. will take precautions against such a breach by recording only with my consent, storing any recordings in password protected files, using private internet networks to conduct sessions, and conducting sessions in private settings with only Arrow Academy Inc. staff members present. I understand that additional applications may approved by the Department of Health Services for use during a public health crisis that may not contain additional privacy protections. Such applications include Skype, FaceTime, and others. These will be used upon mutual agreement and only during this time of crisis.

I understand that the first several sessions will consist of assessment activities designed to evaluate his/her current skills and determine which instructional strategies and interventions are likely to prove most effective. The time allocated to these assessments will result in improved intervention. If services are designed to improve ongoing problem behaviors, I understand that the beginning of those services will include functional assessment activities (i.e. interviews, direct observation etc.) that are designed to provide information critical to the development of effective treatment procedures. I may be asked to assist in gathering some of this information by recording problem behavior as it occurs.

Subsequent services will focus on development and implementation of instructional procedures and/or a behavior

intervention plan. Prior to implementation, I will receive a printed copy of the results of any assessment and of any proposed instructional procedures or behavior intervention plans for my approval. The contents of those documents will be explained to me in full and any questions I have will be answered to my satisfaction. Ongoing collection of data will allow evaluation of the effectiveness of the intervention and will assist in developing any revisions that need to be made.

Behavior Analysts are ethically obligated to provide treatments that have been scientifically supported as most effected for your child/dependent. I am aware that other interventions that I am pursuing may affect my child's response to ABA treatment. Thus, it is important to make Arrow Academy Inc. aware of those interventions.

I understand that Arrow Academy Inc. may release information without my prior consent if so ordered by a court of law. I am also aware that under the State of Wisconsin Statute s48.981, providers are legally required to report suspected occurrences of child abuse or neglect (or if my child/dependent presents clear and present danger to him/herself or to others) to the Bureau of Child Welfare.

I understand my child/dependent's assessment and treatment services are regularly observed by supervisors or other employees as part of ongoing training and quality assurance activities. All individuals observing are bound by the same confidentiality guidelines as Arrow Academy Inc. I am aware that a record of the treatment will be maintained, and this record is available to me in written form upon request.

I understand that I have elected to enroll my child/dependent in services with Arrow Academy Inc. As such, Arrow Academy Inc. will not be held liable for injury or illness that occurs due to use of the facility or exposure to other clients enrolled in services. I understand that my child will be working in close proximity to other clients, and, to the best of their ability, Arrow Academy Inc. staff will follow standard preventative policies, but illness or injury to or from other clients may occur.

I reserve the right to withdraw at any time from these services and I understand that such a withdrawal will not affect my child's right to services. In the event of withdrawal, I may request a list of other credentialed providers in the region. In addition, I reserve the right to refuse, at any time, the treatment that is being offered. I may request a copy of professional credentials or background check results from any of the professionals working with my child.

These policies have been fully explained to me and I fully and freely give my consent and permission for my dependent to receive services from Arrow Academy Inc.

Parent/Guardian Signature	Date
Print Parent/Guardian Name	Print Client Name

Arrow Academy
ABA Learning & Treatment Center

IN-HOME SERVICE AGREEMENT

SERVICE

Arrow Academy Inc. provides ABA services to families and individuals to improve the quality of life, functional skills and decrease maladaptive behavior. Specifically, we use the principles of ABA to develop research-based strategies to address challenging behaviors or learning deficits to enhance the lives of our clients. We offer center-based services which include an in-home service component to generalize and maintain skills. This usually takes place in the client's home or community where the technicians come to the client to target the skill areas and maladaptive behavior of concern and conduct more parent involvement and training. You are receiving this service agreement because your child may receive in-home service/support.

INFORMED CONSENT/CONFIDENTIALITY

We keep records of each client's service information. This record contains the dates of contact with clients, notes on progress and other documents related to client treatment. This record is confidential and may be released only with written consent by the client/parent/guardian. Arrow Academy Inc. abides by HIPAA regulations regarding confidentiality. Arrow Academy Inc. shares information within the organization on an as-needed basis to facilitate case collaboration, peer review, supervision and billing purposes. Arrow Academy Inc. may release information without my prior consent if ordered by a court of law. I am also aware that under the State of Wisconsin Statute s48.981, Providers are legally required to report suspected occurrences of child abuse or neglect (or if I or my child/dependent present clear and present danger to ourselves or to others) to the Bureau of Child Welfare.

FAMILY INVOLVEMENT

Parent and caregiver involvement are a key component of our treatment services. Consistent implementation of procedures across individuals and environments is important to ensure comprehensive and successful treatment. Frequent contact between individuals that make up your child's clinical team is necessary to ensure consistency and integrity of our treatment across environments and treatment settings. It is important for family members to provide input regarding treatment goals, outcomes and procedures. The following outlines requirements for family involvement related to our in-home services:

- *A parent or designated caregiver (18 or older) must be present in the home during all visits. Arrow Academy Inc. is not liable for anything that occurs if you do not comply with this requirement.*
- *All family members/caregivers are required to participate in training to implement procedures for behavior interventions and teaching positive behavior. Family members/caregivers are expected to implement these procedures independently following training when Arrow Academy staff are not present.*
- *Parents may be asked to purchase/supply materials for therapy sessions.*
- *Parents are expected to make the client available for the clinically recommended number of hours of treatment.*
- *Arrow Academy will provide written summaries of current targets, behavior support strategies and how those can be implemented in the home. Parents are encouraged to review these reports thoroughly and provide feedback.*

APPOINTMENTS, CANCELATIONS, NO-SHOWS, AND BILLABLE ACTIVITIES

Arrow Academy may provide a mixture of center-based and in-home services as recommended by our staff and/or on parent/caregiver preference. We will work with you (and your funding agency) to determine the frequency and type of services that will provide the most effective treatment.

We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled in-home appointments to be cancelled at least 24 hours in advance. Repeated cancellations and/or failures to attend appointments on time may result in a fee and/or discussion of service termination as outlined in our Arrow Academy Parent Handbook. It is necessary that a parent/guardian or person designated (an adult 18 or older) as responsible for the client be present for the entire duration of the time Arrow Academy staff members are with the client. To ensure safety of our clients and Arrow Academy staff, it is our policy that ABA staff cannot be alone with clients. Failure to ensure presence of a responsible person may result in Arrow Academy staff visits being canceled or considered no-shows. Accumulation of 3 no-shows will result in termination of in-home services.

In addition to work on-site (client's residence, school or community), some other activities result in billed time. When phone consultation is necessary, you will be billed for the duration of the phone call. You will be billed for time that is necessary for report writing (the final 15 minutes of each hour, maximum of 30 minutes per staff per day), reviewing case files and other research related to treatment, time spent in collaboration with other service providers and time spent in electronic communication with you about the case. As part of our best practices, Arrow Academy staff members routinely conduct clinical case reviews to ensure the quality of our treatment plans. You will be billed a maximum of 1 hour per month for time spent on peer review related to your case. In certain circumstances, an additional fee/charge may be applied for travel time. In cases of billable travel, you will be informed in advance.

HOURS OF OPERATION

Arrow Academy staff members are generally available Monday through Friday 8:00am to 5:00pm, although hours may vary among staff members (please speak with your child's clinical team if you have questions about his/her hours). During this given time period, you may call to schedule appointments, ask questions and leave messages. Please use email if you need to correspond with our staff outside of our standard hours of operation and our staff will respond within 24 hours. Evening and weekend appointments may be available upon request. If you have an emergency situation, please call 911 immediately.

TRANSPORTATION

Arrow Academy Inc. and its employees do not provide transportation services. If transportation is needed, such as services provided in community settings (i.e. stores, parks etc.), parents/guardians or designated responsible persons shall provide or arrange transportation for the client and any individuals other than Arrow Academy staff who are participating in service provision.

CLIENT-PROVIDER RELATIONSHIP

To maintain a professional relationship between our providers and clients, it is our policy that Arrow Academy staff are not permitted to engage in ongoing social relationships, social-media relationships, giving/receiving of gifts or participate in personal events such as parties, graduations etc. Conversations between staff members and family members are necessary, but should be limited in duration and content.

Arrow Academy staff are not permitted to provide any other services (child care, respite) outside of the scope of treatment outlined above.

Arrow Academy staff members are not permitted to provide care for any other family members other than the client(s) they have been authorized to provide treatment for. In addition, staff are not responsible for ensuring the safety of siblings.

To ensure a safe and harassment free therapy environment, Arrow Academy prohibits any offensive, physical, written or spoken conduct of a sexual or derogatory nature or based on any other characteristic protected by law. As a courtesy to our staff, please refrain from smoking in the environment where staff members are providing services.

SIGNATURE

Please sign below to indicate that you have read and agree to the In-Home Service Agreement. Additionally, parents/guardians acknowledge that they may be requested to complete forms and data collections and participate in therapy sessions. This participation will be completed by the parents/guardians with reasonable effort within the scope of assessment, hours and timelines mutually agreed upon by Arrow Academy staff and parents/guardians.

Parent/Guardian Signature	Date
Print Parent/Guardian Name	Print Client Name

Arrow Academy
ABA Learning & Treatment Center

FINANCIAL AGREEMENT

Arrow Academy Inc. obtains insurance information as a service and convenience to our clients and their families. Every attempt will be made to obtain accurate information. Arrow Academy Inc. is not responsible for omissions by the insurance company when quoting benefit information and cannot guarantee payment of benefits by the insurance company.

Financial Agreement effective October 2021:

- Services provided may change or be modified depending on the needs of the client.
- Fees for services are subject to change and a 30-day written notice will be provided if changes occur.
- The parent/guardian is responsible for any charges denied by 3rd party payers, including incorrect assignment of benefits. Due to lack of medical necessity, pre-existing condition, benefits exhausted, non-covered services etc., your out-of-pocket expense may change, and the parent/guardian is financially responsible for any and all remaining expenses.
- Arrow Academy Inc. provides the service of filing claims. The service of claim filing does not release the parent/guardian of financial responsibility for treatment costs.
- Insurance companies and other 3rd party payers act as agents of the participant and payments are made on behalf of the participant. When a participant's insurance carrier of funding source fails to make payment for services within 60 days, regardless of the reason, the outstanding amount due will become part of the parent/guardian balance.
- Payments remitted directly to the parent/guardian for services rendered by Arrow Academy Inc. will be turned over in full upon receipt.
- The parent/guardian is expected to pay any outstanding personal balance in full each month or according to the agreed upon payment schedule.
- Should financial hardship arise, the parent/guardian should contact Arrow Academy Inc. immediately to arrange a satisfactory means for addressing the obligation.
- It is understood that Arrow Academy Inc., with proper notice, may suspend services if at any time it is determined that satisfactory progress is not being made to retire the outstanding debt.
- The parent/guardian is responsible for obtaining referrals and prescriptions for services. Failure to secure the necessary information may result in cancellation of scheduled services.
- The parent/guardian authorizes the release of any medical or other information necessary to process claims to insurance carriers or other funding sources.
- The parent/guardian is responsible for verifying benefits with their insurance company (or any other 3rd party payer). If Arrow Academy Inc. is asked to contact the participant's agent to verify benefits on behalf of the participant, the parent/guardian understands the benefit verification is NOT a guarantee of future payment.

Please print and sign below to indicate that you have read and agree to the terms outlined in this financial agreement.

Parent/Guardian Signature	Parent Date of Birth	Date
Print Parent/Guardian Name	Print Client Name	

Arrow Academy
ABA Learning & Treatment Center

FINANCIAL REGISTRATION FORM

CLIENT INFORMATION

Client's Name	Date of Birth	Gender	Diagnosis
		M ◯ F ◯	

Address	City	State	Zip

PRIMARY INSURANCE

Name of Primary Insurance Company

Group #	ID #

Insurance Policy Holder	Relationship to Client

Policy Holder's Date of Birth	Employed by	Occupation

Business Address	Business Phone

FORWARD HEALTH

Your child's Forward Health ID number *(write "NA" if your child does not have Forward Health)*

ASSIGNMENT & RELEASE

I, the undersigned, have insurance with: _____
Name of Insurance Company

and assign directly to Arrow Academy Inc. all medical benefits, if any, otherwise payable by me for services rendered. I understand that I am financially responsible for all the charges whether or not paid by insurance. I hereby authorize Arrow Academy Inc. to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

_____	_____	_____
Signature of Parent/Guardian/Responsible Party	Policy Holder's DOB	Date

Arrow Academy
ABA Learning & Treatment Center

PICTURE/VIDEO RELEASE

Client Name: _____ Date of Birth: _____

Arrow Academy Inc. uses photographs and/or videos of children receiving services in our center-based program for the purpose of staff feedback of performance, training, data collection, and selected marketing pieces for program awareness.

I have indicated below that photographs/digital images, video clips, and/or quoted remarks may be used as follows: (circle all that you authorize)

◯ Yes ◯ No	Pictures used internally for individual programming (such as picture icons for communication, Visual Schedules, video modeling etc.)
◯ Yes ◯ No	Video used to document programming, skill acquisition or for data collection purposes reviewed by team members or other professionals related to treatment
◯ Yes ◯ No	Video used to train staff or provide feedback to staff on correct treatment implementation
◯ Yes ◯ No	Printed publication or materials (such as brochures and flyers)
◯ Yes ◯ No	Website and social media (Arrow Academy Inc. website, Facebook)

I authorize the use of these materials (as indicated above) indefinitely without compensation to me. All prints, digital reproductions and video or audio recordings shall be the property of Arrow Academy Inc.

_____ _____

Parent/Legal Guardian Signature Date

Arrow Academy
ABA Learning & Treatment Center

Client Name: _____ Date: _____

Parent & Caregiver Questionnaire

Please answer the following questions to allow us to better serve you.

1. What level of concern do you have with the following areas?

SLEEP: Highly concerned

TOILET TRAINING: Highly concerned

MEDICAL APPOINTMENTS: Highly concerned

COMMUNITY OUTINGS: Highly concerned

EATING/FOOD TOLERANCE: Highly concerned

BATHING: Highly concerned

OTHER HYGIENE: (teeth, hair, nails etc.) Highly concerned

2. How confident are you in your knowledge of reinforcement and punishment concepts?
   Very

3. How confident do you feel in reacting to your child's problem behavior?
   Very

4. How confident do you feel in preventing your child's problem behavior?
   Very

5. Does your child have CLTS Waiver through the county? ◯ Y ◯ N
   If YES, what is the name of the case worker: _____

   Does your child have or a project lifesaver bracelet? ◯ Y ◯ N

   Would you like more information on the Waiver or bracelet? ◯ Y ◯ N

6. What are the areas of your day which cause the greatest stress? (Example: dinner time, loading into the car, waking your child etc.)