



Participant Application: Individual Services

Email: info@secondnaturesocialskills.com

Phone: 508.747.2663

Address: 29 South Park Avenue, Plymouth MA 02360

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: Male Female

Parent's Name: _____

Address: _____

Phone: _____ Email: _____

Which number do you prefer us to try first while your child is with us? **Circle one: Home / Cell**

Please list any allergies or accommodations needed to participate: _____

Individual Services (please provide up to 3 time choices):

Second Nature Social Skills© reserves the right to combine or change individual services times at any time prior to starting services. We will try our best to accommodate to your schedule

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
1st choice:	1 st choice:	1 st choice:	1 st choice:	1 st choice:
2nd choice:	2nd choice:	2nd choice:	2nd choice:	2nd choice:
3 rd choice:	3 rd choice:	3 rd choice:	3 rd choice:	3 rd choice:

Applicant Information (please check one):

_____ EXISTING Applicant

_____ NEW Applicant (**A one-time \$60 enrollment fee applies***). The fee includes a record review, interview, & informal evaluation to best inform your child's placement needs.

***Due at the time of application.**



Payment Option (please check one):

\$120.00 per hour of instruction BCBA level

\$60.00 per hour of instruction ABA Specialist/RBT Tech Level

_____ **Weekly:** Full payment rendered at time of service

_____ **Bi-Weekly:** Payments rendered twice per month

_____ **Monthly:** Payment rendered once per month

******The cost of your child's program may be covered by some insurance plans for our clients with an Autism Spectrum Disorder Diagnosis. If you are seeking insurance reimbursement, please fill out our Insurance Reimbursement Form found on our registration page. In order to verify benefits with your insurance company, we will need that, along with a copy of the front and back of your insurance card, and a Doctor's note stating your child's diagnosis and the need for Social Skills Instruction using the ABA model.***

****** Please note, that you will be responsible for all costs not covered by your insurance including co-pays or co-insurance, as applicable. Co-Pays and/or Co-Insurance are due at the time of service. In addition, we require 24 hours' notice for any absences. If we do not receive 24 hours' notice, you will be responsible for the daily program based fee.***



Parent/Legal Guardian Waiver, Release & Responsibility Form

Please read carefully and initial next to each section:

A. General Liability Waiver

I, _____, being the parent/legal guardian of _____, do hereby consent to his/her participation in voluntary projects and functions sponsored and/or organized by Second Nature Social Skills©, its members, or its staff (hereafter referred to as Second Nature©). I understand that he/she is responsible for his/her behavior. I do hereby waive and release Second Nature©, their service partners (including schools) and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's participation in Second Nature© organized and/or sponsored projects or functions.

B. Transportation Liability Waiver

I do hereby consent to Second Nature© providing transportation (in private vehicles) for my child/ward if necessary. I understand this service is not guaranteed. I do hereby waive and release Second Nature©, their service partners and/or sponsors of any project or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's involvement in transportation services provided by Second Nature©.

C. Release to Seek Medical Treatment*

In the event of a medical emergency, I do hereby consent to Second Nature© releasing my child/ward to the nearest, most appropriate medical professional available. I understand that Second Nature© will notify me of such an event immediately after they have sought proper medical treatment for my child/ward. Second Nature© should contact me at the following phone number: _____.

*If your child/ward has a chronic or recurring medical condition, for which emergency treatment is not necessary, please discuss your child's/ward's needs with Second Nature© directly.

D. Photo/Video Release

I hereby grant Second Nature© permission to use my child's/ward's likeness in a photograph/video in any of its publications, including website entries, without payment or any other compensation. I understand and agree that these materials will become property of Second Nature© and will not be returned.

E. Video Release

I hereby grant Second Nature© permission to use my child's/ward's likeness in a video for educational purposes. I understand that it will be shared and reviewed with other video participants, the video participant's parents / guardians, Second Nature© Educators, and attendees at Second Nature© sponsored educational events.

F. Group Commitment and Responsibility

Our staffing and financial commitments are based on client registrations, therefore, I understand that I am responsible for full payment of the entire group session (winter, spring, summer or fall) regardless of missed sessions. For planning purposes and for the other group participants, I agree to give at least 24 hours advance notice, via telephone/email, if my child/ward is going to miss a session.

G. Insurance Based Clients

I understand that I am responsible for the daily program-based fee if I fail to provide Second Nature© with 24 hours advance notice via telephone/email of my child/ward's absence.

By signing below, I indicate that I understand and agree to the items initialed above.

Legal Guardian: _____

Date: _____



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How did you hear about Second Nature Social Skills© (please circle one)?

- a. Referral from another participant's family**
- b. AANE (The Asperger/ Autism Network)**
- c. Internet Search**
- d. Referral from another source (please name): _____**
- e. Other: _____**

What are at least three things you would like us to focus on?

- 1. _____**
- 2. _____**
- 3. _____**

Please include a copy of the attendee's most recent evaluations with this application.

Relevant evaluations include, but are not limited to:

- **Neuropsychological/Neurology Evaluations**
- **Speech and Language Evaluations**
- **Occupational Therapy Evaluations**
- **Individualized Education Plans (IEPs) and / or 504 Plans**

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To participate in Individual Services, please use this checklist & submit the following:

- _____ Completed application/participant forms**
- _____ Case History Form (separate document found on our registration page)**
- _____ Copies of all recent evaluations**
- _____ Enrollment Fee**