



Participant Application

Email: info@secondnaturesocialskills.com

Phone: 508.747.2663

Address: 29 South Park Avenue, Plymouth, MA, 02060

Date: ___/___/___

<input type="checkbox"/> Returning Applicant	<input type="checkbox"/> New applicant (A one-time \$60 enrollment fee applies) This fee includes record review, interview, and formal evaluation to best serve your child's placement needs. *Due at time of application*
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Name _____

Age _____ Date of Birth _____ Gender: Male Female Non-Binary

Primary Language: _____

Parent's Name: _____

Address: _____

Phone _____ Email: _____

Emergency Contact Person: _____

Emergency Contact: (Home): _____

Emergency Contact: (Cell): _____

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 in order to participate.

To participate in Individual and Group Services, please submit the following:

____ Completed Enrollment Packet ____ Copies of all recent evaluations ____ Enrollment Fee

Parent/Guardian Signature

____/____/____
Date

Case History

Participant Name:	
Form Completed by:	Relationship to Participant:
Date Completed:	

Background Information

Parent 1: Age:	Parent 2: Age:
Occupation:	Occupation:
Highest Grade Completed:	Highest Grade Completed:
Parents: married living together separated divorced deceased: parent 1 or 2	
Participant lives with:	
Both parents One Parent Other(specify) _____	
Siblings and age:	
1.	
2.	
3.	
Current School:	
Current Grade:	
Level of Inclusion:	
Counseling/Therapy: type, frequency	
Present Medications:	
Current Behavioral Concerns:	
Discipline Information at home:	
Who predominantly provides the discipline:	
Both Parents One Parent Other(specify)	
Type of discipline procedures: (e.g. timeout, additional chores, withholding privileges, etc.)	

Parent/Guardian Signature

____/____/____
Date

Family History

Please specify the family members that have been diagnosed with the following (e.g. Father, Mother, Maternal Aunt, Paternal Uncle, Cousin, etc.):

Attention Disorders: _____

Behavior Challenges: _____

Emotional Challenges: _____

Learning Challenges: _____

Hearing Problems: _____

Autism Spectrum Disorder or related Neurodevelopmental Disability:

Speech and Language Challenges: _____

Intellectual Impairments: _____

Neurological Disorders: _____

Seizure Disorders: _____

Tic Disorders: _____

Anxiety or Depressive Disorders: _____

Other:

We hold this and all information in the strictest confidence. Providing this information gives us a better understanding of your child and their individual needs.

Social-Emotional Development

Which Most Accurately Describes your child:

0: Never 1: Occasionally 2: Sometimes 3: Frequently 4: Almost Always

Questions:

- ❖ Does your child get along with other children? Explain:

- ❖ Does your child get along with his/her siblings? Explain:

- ❖ Do your child's special interests interfere with socialization? Explain:

- ❖ Has your child experienced bullying? Explain:

Parent/Guardian Signature

____/____/____
Date

- ❖ **Does your child like going to school? Explain:**

- ❖ **Has your child experienced trauma in their lifetime? (i.e. difficult divorce, untimely or sudden death of someone close to them, abuse/neglect, exposure to substance use etc.) Explain:**

- ❖ **Has your child experienced any of the following: housing or food insecurity, multiple caregivers or foster placements, DCF involvement ? Explain:**

- ❖ **Does your child prefer to play or work alone? Explain:**

- ❖ **Does your child have an understanding of authority figures? (e.g. adults, teachers, police/fire emergency responders) Explain:**

- ❖ **Does your child understand and apply Time Management? Explain:**

- ❖ **Is your child easily frustrated? Explain:**

- ❖ **When frustrated or angry, does your child hit, kick, punch, bite, break/throw objects etc? Explain:**

- ❖ **Does your child work well within a group setting? Explain:**

- ❖ **Is your child involved with extracurricular activities? Explain:**

Parent/Guardian Signature

____/____/____
Date

Therapeutic Services:

Name of Provider: _____ Service Provided: _____

Contact Information:

Signature of Consent to
Contact: _____

Name of Provider: _____ Service Provided: _____

Contact Information:

Signature of Consent to
Contact: _____

Name of Provider: _____ Service Provided: _____

Contact Information:

Signature of Consent to
Contact: _____

Name of Provider: _____ Service Provided: _____

Contact Information:

Signature of Consent to
Contact: _____

Important: Include a copy of the attendee's most recent evaluation that include, but are not limited to Neuropsychological/Neurology Evaluations, Speech and Language Evaluations, Occupational Therapy Evaluations. If no therapeutic services are provided, place an "NA" on the lines above.

Parent/Guardian Signature

____/____/____

Date

Insurance Reimbursement Form

Client Information:

Name: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number:

Diagnosis:

Insured's Information:

Insurance Company: _____

Identification
Number: _____

Group/Plan Number: _____

Employer: _____

Insured's Name: _____ Insured's date of Birth: _____

Insured's Gender: _____ Insured's Email: _____

***Please provide a copy of the front and back of your insurance identification card.**

Parent/Guardian Signature

____/____/____
Date

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. Referral from therapist or other medical provider: _____
- f. Other: _____

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

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

Please include a copy of the attendees most recent evaluations with this application. Place an NA on line if your child does not have the evaluation.

Relevant evaluations include, but are not limited to:

- _____ Neuropsychological/Neurology Evaluations
- _____ Psychological/Mental Health Assessments and Evaluations
- _____ Speech and Language Evaluations
- _____ Occupational Therapy Evaluations
- _____ Individual Education Plans (IEPs)and/or 504 Plans
- _____ Functional Behavioral Assessment (FBA)

Parent Involvement/ Parent Training

In order to increase the generalization of skills, promote consistency with behavior strategies, and skill acquisition, parents are required to participate in ABA training **2** times a month if going through their insurance. These may take place in the home (in person or Zoom) or at the Center. Also, 1:1 with a BCBA and/or in a small group with a BCBA.

Please check off below which parent training you would like to register for:

- ___ Saturday Morning
- ___ Saturday Afternoon
- ___ Other *a BCBA will contact you to schedule

Parent/Guardian Signature

____/____/____
Date

Program Descriptions:

<p>Tuesday 5:00pm-7:00pm Young Adult Social Skills Group (17 and up) This group is for young adults to come together and connect with peers. During this group time, learners will be exposed to lessons & discussions around self-determination, relationships, health & wellness and other topics brought to the group by participants. Skills targeted during this group include: collaboration, problem solving, self advocacy, growth mindset, safety skills in the community & online, money management, as well as reinforcement of fundamental social skills.</p>	<p>Thursday 5:00pm-7:00pm Interest Social Skills Group (9-13 yrs old) This group will work on peer relationships, friendships, and building communication skills. It will also concentrate on the client's individual needs, what's important to them, and working on barriers that may get in the way. Participants will also go out into the community and work on awareness in the natural environment.</p>
<p>Tuesday 5:00pm-7:00pm** Available Fall II High School Social Skills Group (14-17 yrs old) This group is for teens who need additional support to demonstrate their social skills. Learners will participate in a highly structured first hour of direct instruction around connecting with peers, engaging socially and attending lessons around boundary setting, perspective taking, problem solving and more. <i>*This group is perfect for teens who have difficulty applying learned skills in new or natural settings.</i></p>	<p>Saturday (group times vary *see next page) Social Skills Group Direct and explicit instruction of social skills lessons with real world experience out in the community. Groups have a maximum enrollment of up to 8 participants with co-taught instruction (2 staff)</p>
<p>1:1 Individual Services (Days and Duration Vary) Geared toward clients (ages 5-adult) that need learning experience as well as information-based instruction prior to joining a group. We will conduct visits and instruction at your home or within our center. During initial consultation, the clinical team will determine the setting that is most conducive to maximizing teaching and lessening anxiety. By reducing anxiety, our clients will be able to shift from emotional thinking to intellectual processing.</p>	<p>1:1 SELFIE Therapy 45-60 minute sessions Social Emotional Learning for Independence & Empowerment. All behavior is communication and is an expression of an underlying need. The approach to SELFIE is working collaboratively with children and families to problem solve, build strengths, increase confidence, and learn to view challenges from new perspectives. Therapeutic approaches and frameworks include Trauma-informed care, Cognitive behavioral therapy, Dialectical Behavior therapy, Mindfulness-Based Stress Reduction, Family Systems Theory, and Strengths-Based Interventions.</p>
<p>End of session Clinical Team Consult 6th Week of Session 1 hour Scheduled family meeting with a member of our Clinical team to review data and progress at the end of a 6-week session. A Clinical team member will work with families at providing recommendations of programming outside of the center, individual goals for the client, and recommended next steps. Second Nature Clinical staff members will also be available to answer any questions.</p>	

 Parent/Guardian Signature

____/____/____
 Date

Program Selection(s): Place an (X) on selection of program. 50% of session cost is due by the first day of the session. Please see the next page for more payment information.

Program:	Fall I (Sept 10 - Oct 22)	Fall II (Oct 29 - Dec 10)	Cost:
Tue. Young Adult Group 17 and up 5:00pm-7:00pm			\$760 per session
Tue. High School Group 14-17 yr old 5:00pm-7:00pm			\$760 per session
Thur. Interest Group 9-13 yr old 5:00pm-7:00pm			\$760 per session
Sat. Social Skills 5-8 year old Group 8:30-9:30am			\$400 per session
Sat. Social Skills 9-12 year old Group 9:30am-11:30am			\$760 per session
Sat. Social Skills Middle School Group 12:00pm-2:00pm			\$760 per session
Sat. Social Skills Teen A Group 12:00pm-2:00pm			\$760 per session
Sat. Social Skills Teen B Group 12:00pm-2:00pm			\$760 per session
Individualized Services			
1:1 In Home ABA w/ Registered Behavior Tech			\$60 per 60 min session
1:1 In Home ABA w/Board Certified Behavior Analyst			\$120 per 60 min session
1:1 SELFIE Mental Health Counseling with Clinical Social Worker			\$160 per 60 min session
1:1 SELFIE Mental Health Counseling with Clinical Social Worker			\$120 per 45 min session
End of Session Clinical Team Consult			\$240 per consult (60 min session with written report of progress and recommendations)
*SN Clinical Team only Additional services			*Decided upon intake

Parent/Guardian Signature

____/____/____
Date

Group Placement and Payment Information:

Group Placement:

Participants are placed in groups by the BCBA and other Second Nature Clinical Staff based on intake process and participants' goals. Second Nature reserves the right to combine or change group times at any time prior to the beginning of a session. We will try our best to accommodate your program selection. *Confirmation email will be sent to the provided email once application, intake, and fees have been completed.

Insurance Coverage:

If your child has a diagnosis of Autism Spectrum Disorder, the cost of programming may be covered by insurance. If you are seeking insurance reimbursement, please complete the Insurance Reimbursement Form and submit along with a copy of the front and back of your insurance card and a Doctor's note (dated within 6 months of registration with Second Nature) stating your child's diagnosis and the need for Social Skills Instruction using an ABA model.

**** Please note that you are responsible for all costs not covered by insurance including co-pays or co-insurance, as applicable. Co-Pays and/or Co-Insurance are due at time of service. Also, for additional programming that is not covered by insurance, a bill for the full amount will be forwarded directly to you.****

If your child will be absent (whether group or 1:1 services), 24 hours notice is required. Families are responsible for the daily program based fee if 24 hours notice is not provided. Absences can be reported via telephone or through email.

Private Pay/Non-insurance Clients:

Please note that full payment is required regardless of whether your child attends or not. Payments, with the exception of the 1:1 SELFIE Mental Health Counseling sessions, are for 6-week sessions at a time. 50% of the session fee is due by the first day of the session. The remaining 50% is due the 4th week of the session. Non-payment of the program results in suspension of the program until payment is made and may result in loss of your child's slot in that particular session.

Method of Payment:

All invoices are emailed directly to the primary email provided. Payments may be made directly online using a credit or debit card or dropped off or mailed to Second Nature. Checks should be made out to Second Nature Social Skills. Once payment is rendered receipts will be emailed. **Please note if you do not receive an invoice or receipt in your inbox, please check your spam folder.

Scholarship:

Scholarships are available for qualified families. Please email info@secondnaturesocialskills.com to request an application.

Parent/Guardian Signature

____/____/____
Date

Applied Behavior Analysis (ABA) Group Parent Training Confidentiality Form

I, _____, understand and will comply with the confidentiality clause at Second Nature Social Skills' support/training groups. In these group trainings, you may hear events or situations from other families and /or share your own situations and events with other families.

Being confidential means, what is said and shared in group trainings remains private and does not leave the group. It means not sharing information or retelling information that you have heard within the group setting to others. What happens in group trainings stays in the group trainings. Any written information seen may not be shared or repeated as well.

This group training is a supportive environment and when we are sharing our stories with another, we are empowering ourselves and building solidarity with one another. By signing this form, I am acknowledging and accepting the confidentiality clause for being of the Applied Behavior Analysis (ABA) Group Parent Training.

Parent/Guardian Signature

/ /
Date

Parent/Legal Guardian Waiver, Release and Responsibility Form

Please read carefully and initial next to each section and sign and date the bottom of the page. By signing below, I indicate that I understand and agree to the items initialed above.(page 1 of 2)

____ A. General Liability Waiver

I, _____, being the parent/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, and 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 partner (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 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’s 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.

Parent/Guardian Signature

____/____/_____
Date

Parent/Legal Guardian Waiver, Release and Responsibility Form

Please read carefully and initial next to each section and sign and date the bottom of the page. By signing below, I indicate that I understand and agree to the items initialed above.(page 2 of 2)

__H. Payment Policy

I understand that I am responsible for payments at the time I have indicated on page 8 and failure to do so will result in suspension of services until payment is made.

__I. Physical Exam and Immunization (Public School and/or Public Health Requirements)

I certify that documentation of a physical exam and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements, are on file at my child's/ward's/self's school.

__J. COVID-19 Screening

I certify that I will perform a COVID-19 Screening and will be done each day prior to my child/ward/self attending the program, including but not limited to a temperature check.

__K. Parent Training

In order to increase the generalization of skills, promote consistency with behavior strategies, and skill acquisition, I understand that I am required, through my Insurance company, to participate in parent group or individual consultation **2** times a month. These may take place in the home (in person or Zoom) or at the Center. Also, 1:1 with a BCBA and/or in a small group with a BCBA. I understand failure to do so could result in suspension of services and or termination of insurance coverage.

Parent/Guardian Signature

____/____/_____
Date