

Social Groups Application

This application is the second step in the intake and enrollment process for social groups at Heartspring. We use this information to decide how to best serve your child. Upon receipt and review of the form, we will follow up with you to discuss your family's needs in more detail and review the next steps. Heartspring will decide if CARE Clubs and/or PEERS (a social skills group therapy) is right for you.

Please email the completed application to careenrollment@heartspring.org.

1. Child's Name**2. Child's Birth Date****3. Grade****4. Authorized Rep/Parent/Guardian's Name****5. Parent/Guardian Email****6. Parent/Guardian Phone Number****7. Enrollment Status**

We have **never** been enrolled in a program at Heartspring.

We are **currently** enrolled in a program at Heartspring (please explain):

We were **previously** enrolled in program at Heartspring (please explain):

8. Identify three top priorities for skills that you would like to see addressed in social groups. Please choose targets that you feel will have the most impact for your child and your family.

1.

2.

3.

9. Challenging Behaviors (Please check if there is occurrence in the last six months)

Self-injury

Aggression towards peers

Aggression towards adults

Elopement (leaving area without permission/wandering off)

Property destruction

Tantrum (screaming/flopping to floor - length of time or intensity beyond what is "typical" for child's age)

Disruptive Vocalizations

Stealing

Argumentative/Tantrums/Disobeying

No problem behavior of this kind

Other

10. Classroom Placement

In district self-contained

In district inclusion

In district other

In district general education

Out of district specialized program

Homeschool

Other

11. Communication

- No formal mode of communication
- Alternative communication (sign, PECS, communication device)
 - Are they proficient or do they have emerging skills?
 - Proficient
 - Emerging Skills
- Single words
- Phrases
- Independent Sentences

12. Independence

- Requires consistent 1:1 support
- May require 1:1 support dependent upon activity
- Does not require 1:1 in small group (1:4 ratio)

13. Describe your child's interest in other kids/ forming friendships.

- I am unsure
- Very resistant
- Seems disinterested
- Interested
- Very interested

14. My child's interests include:

15. What social concerns do you have for your child? Please check all that apply

- Has trouble making friends
- Has trouble keeping friends
- Number of close friends: __
- Is bossy, controlling, or aggressive with peers
- Is inattentive or spacey with peers
- Has trouble sharing
- Has trouble resolving conflict
- Most peers do not accept him/her
- Most peers avoid and ignore him/her
- Adolescents reject him/her
- Is not invited for get-togethers

16. How did you hear about Heartspring's social groups?

- Personal referral from currently or previously enrolled family
- School personnel
- Medical provider
- Social media
- Resource fair
- Google search
- Other

17. Any additional questions or comments for our team?



Heartspring

Consent to Treat Minor Children

Name of Patient: _____ Date of Birth: _____

Account #: _____

Address: _____

Phone: _____ Last Tetanus Vaccine Date: _____

Food/Drug Allergies: _____

Medications, Blood Type, or Pertinent Information:

Primary Physician: _____ Physician's Phone: _____

Insurance: _____ Policy #: _____

Preferred Hospital: _____

I, _____, parent or legal guardian of _____, date of birth _____, do hereby appoint, authorize, and constitute an authorized Heartspring staff member to act in our behalf as parents to authorize and consent to medical treatment for our said child. In case of need, we authorize any family or specialist physician, dentist, or other licensed health care professional and also any licensed health care facility to provide any and all necessary treatment to our said child.

This consent and authorization includes routine, emergency, inpatient/outpatient, and the administration of anesthesia determined by a physician to be necessary for the welfare of my child. Any health care professional or health care facility is authorized to accept and rely on Heartspring staff's representation if we cannot be reached.

I agree that in the case of a health or accident emergency or any other situation which might arise en route to and from CARE Clubs, or while attending ABA, clubs, or camp, none of the facilitators, staff, or sponsors of the Heartspring representatives will be held liable in any way.

This authorization is effective for one year from the day of signature.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.



Significant Behavior Agreement

Child's Name: _____

Heartspring CARE program provides CARE Clubs for families to have a safe place for their child to learn and grow. While CARE Clubs staff are trained in the basic principles of applied behavior analysis and may have experience managing challenging behaviors in other settings, CARE Clubs are not designed to be a behavior-intervention program with a focus on reduction of problem behavior, but rather a skill-acquisition program with an emphasis on teaching new skills and providing access to new experiences.

It is our top priority to keep our participants safe and promote an environment that is conducive to group learning. If your child has a recent history of self-injury (intensive enough to cause bodily injury or require adult intervention), aggression towards staff or peers, elopement, property destruction, or tantrum behavior that cannot be quickly redirected, CARE Clubs may not be an appropriate placement for your child at this time.

If your child does engage in any of the above target behaviors during their time at clubs on two separate occasions, the CARE program will offer a transition plan to more appropriate services, and your child will be discharged. When your child is discharged, the remaining Clubs balance for the active session will not be refunded; however, future sessions may be canceled or refunded. After the session has started, there will be no refunds.

Please initial the following statements.

_____ I understand that a recent history of self-injury, aggression, property destruction, elopement, and extended tantrum may exclude my child from CARE Clubs at this time.

_____ I understand that if my child does engage in any of these behaviors in a group, putting him/herself or the safety of peers/instructors at risk, a transition plan will be offered and group placement will be terminated.

_____ I understand once my child has attended the first day of a CARE Clubs session, the session will not be refunded if my child is discharged from Clubs. Future sessions of Clubs will be refunded.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____



Transportation Authorization Form

I, _____, give Autism Services permission to transport
_____ to/from outings in the community.

Emergency Information

Child's Date of Birth _____

First person to contact in case of emergency:

Name: _____

Day Phone: _____

Relation: _____

Second Phone: _____

Address: _____

Second person to contact in case of emergency:

Name: _____

Day Phone: _____

Relation: _____

Second Phone: _____

Address: _____

Health Insurance Company: _____ **Group #:** _____

Child's Doctor: _____

Phone #: _____

Address: _____

Allergies: _____

I give Autism Services permission to obtain emergency medical treatment for my child.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____