

*Please print packet single sided.*

The chart below indicates assessments, evaluations and/or paperwork required BEFORE beginning treatment at Northwoods Learning Center. Please read the list carefully and submit or have ready ALL the pertaining documents by the time of your personal, scheduled Intake Interview with Northwoods Learning Center. 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
	<b>Diagnostic Assessment:</b> A diagnosis of Autism that indicates an assessment tool such as CARS2, ADOS-2, ADI-R.
	<b>Copy of ALL Insurance Cards:</b> 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
	<b>Copy of Individualized Education Plan (IEP):</b> 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. OR <b>Individual Family Service Plan (IFSP):</b> A copy of your child's most recent IFSP (if they have one) from your child's Birth-to-3 (Wisconsin) provider is required. Early On (Michigan) plans are also required if your child is receiving those services.
	<b>Other Related Service Records:</b> 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
<b>Yearly Physical Examination Record:</b> 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.
<b>Medication List:</b> Please submit a list of medications your child currently takes (if applicable) that indicates: <ul style="list-style-type: none"> <li>• Name</li> <li>• Dosage &amp; time of day</li> <li>• Prescribed for (i.e. anxiety, ADHD symptoms, impulse control etc.)</li> </ul> Please inform Northwoods Learning Center of any changes to dosages, additions, or eliminations as this could affect behavior.

## Client Information

Child's Name:	
Date of Birth:	
Address:	

<b>Legally Responsible Party 1:</b>		
Home Phone:		
Cell Phone:		Receive text messages: YES <input type="checkbox"/> NO <input type="checkbox"/>
Work Phone:		
Email:		Receive emails: YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Legally Responsible Party 2:</b>		
Home Phone:		
Cell Phone:		Receive text messages: YES <input type="checkbox"/> NO <input type="checkbox"/>
Work Phone:		
Email:		Receive emails: YES <input type="checkbox"/> NO <input type="checkbox"/>

Emergency Contact Information	
Name:	
Relationship:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	

Primary Care Physician:	
Office Phone:	
Office Address:	

Does your child have any allergies? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Please list allergies:	

# Parent Questionnaire

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

My Child's Strengths:	
1)	
2)	
3)	
4)	
My Child's Areas of Need:	
1)	
2)	
3)	
4)	

Top 3 favorite activities I like do with my child are: <i>"Activities" can include any time spent with your child - not just formal/structured time.</i>	
1)	
2)	
3)	

I wish I could enjoy these activities with my child but at this time, it does not seem possible:	
1)	
2)	
3)	

Is there anything else that you would like to discuss? Please write any questions or concerns that you have regarding your child and ABA services.

**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 Northwoods Learning Center 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 Parent/Guardian Name

\_\_\_\_\_  
Print Child Name

# Financial Registration Form

CLIENT INFORMATION		
Client's Name:	Date of Birth:	Gender:
Diagnosis (list all):		
Address:		
PRIMARY INSURANCE		
Name of Primary Insurance Company:		
Group #	ID #	
Insurance Policy Holder:	Relationship to Client:	
Date of Birth:	Employed by:	Occupation:
Business Address:	Business Phone	
FORWARD HEALTH (WI MEDICAID)		
Your child's Forward Health ID number (write "NA" if your child does not have Forward Health):		
MI MEDICAID		
Your child's MI ID number (write "NA" if your child does not have MI Medicaid):		
ASSIGNMENT & RELEASE		
<p>I, the undersigned, have insurance with:</p> <p>_____</p> <p style="text-align: center;"><i>(Name of Insurance Company)</i></p> <p>and assign directly to Northwoods Learning Center 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 Northwoods Learning Center to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.</p>  <hr style="border: 0.5px solid black; margin-bottom: 5px;"/>		
Signature of Parent/Guardian/Responsible Party	Date	

# Financial Agreement

Northwoods Learning Center obtains insurance information as a service and convenience to our clients and their families. Every attempt will be made to obtain accurate information. Northwoods Learning Center 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 2022:

- 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. 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 all remaining expenses.
- Northwoods Learning Center 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 or 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 Northwoods Learning Center 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 Northwoods Learning Center immediately to arrange a satisfactory means for addressing the obligation.
- It is understood that Northwoods Learning Center, 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 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 Northwoods Learning Center 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 sign below to indicate that you have read and agree to the terms outlined in this financial agreement.

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Parent/Guardian Signature

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Date

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Print Parent/Guardian Name

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Print Child Name

# ABA Therapy Service Agreement

During the term of this agreement, Northwoods Learning Center will provide ABA Therapy services, and the parents/guardians will compensate Northwoods Learning Center a payment for the services as described below in the terms and conditions specified. I understand all the fees and conditions as stated above.

**IF IT BECOMES NECESSARY FOR THIRD PARTY COLLECTION, I AGREE TO PAY FOR ALL COSTS AND EXPENSES INCLUDING REASONABLE ATTORNEY FEES.**

## Services

During the terms of this agreement Northwoods Learning Center shall provide the following services:

- Behavioral treatment services, which may include, but are not limited to: direct one-on-one instruction, a continuation of assessments, and modification of programs (data collection and review as required for evidence-based ABA practices), completion of Functional Behavior Analysis (FBA) or Functional Behavior Analysis for problem behaviors, an update of Behavior Support Plan (BSP), and parent training.
- Other professional services can be requested but are not included in this service agreement may include, but are not limited to:
  - Program development
  - Attendance at meetings or consultations with other professionals you have authorized
  - Preparation of records or treatment summaries
  - Time required to perform any other service which you may request

Parents acknowledge that each client receiving services from Northwoods Learning Center has an individualized treatment plan. Each program is developed after assessments are completed; both direct and indirect. Each program is continually evolving based on the child's progress. The Supervising BCBA is ultimately responsible for making programmatic decisions. Parents will be notified of any changes and discussions that may take place. Behavior Technicians are not allowed to change the program without the BCBA's approval.

I acknowledge that my child's therapy team may change at any time.

I agree to the terms of the above agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Print Child Name



# Permission for Assessment

I give my permission for my child, \_\_\_\_\_,  
to be evaluated and assessed by Northwoods Learning Center to determine initial and continuing  
eligibility for services. I understand that this information will also be used to identify my child's strengths  
and areas of need for determining appropriate intervention services and programming.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Print Child Name

## Picture/Video Release

Northwoods Learning Center uses photographs and/or videos of children receiving services in our center-based program for the purposes of staff feedback of performance, training, 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 agree)

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 (Northwoods Learning Center website, Facebook)

Parents may withdraw their consent at any time. Northwoods Learning Center Employees are not allowed to record any videos, pictures, or audio using his or her personal equipment. Clients/Parents must receive written permission from Northwoods Learning Center before videotaping portions of sessions or taking pictures of Northwoods Learning Center employees.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Print Child Name

Photo/Video consent will be reviewed annually or at the expiration date, whichever comes first.

\_\_\_\_\_  
Expiration Date

# Parent Handbook Acknowledgement Form

Our Parent Handbook is sent to the parent before services begin. 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 Northwoods Learning Center LLC. 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 consists of a basic outline of Northwoods Learning Center therapy services and expectations.

The Parent Handbook is subject to change without notice. Parents will receive notification of these changes.

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.

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Parent/Guardian Signature

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Date

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Print Parent/Guardian Name

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Print Child Name