



Beacon of Hope Parent Handbook

181 West Reynolds St. Ozark, AL 36330

Phone:334-477-4686

Fax:334-581-4981

Email:beaconofhopeABA@gmail.com

Website: ABABeaconofHope.com

Table of Contents

- 1. Senior Staff Members**
- 2. Mission and Program overview**
- 3. Attendance and Payment Policy**
- 4. Client Services**
- 5. Parent meetings and training**
- 6. Parent Involvement**

General Policies

- 1. Items Needed**
- 2. Toileting and Diapering**
- 3. Transportation**
- 4. Setting of Therapy**
- 5. Conflict of Interest**
- 6. Communication**
- 7. Reporting Child Abuse and Neglect**
- 8. Social Media Policy**

Emergency and Security Procedures

- 1. Reporting of Communicable Diseases**
- 2. Inclement Weather Policy**
- 3. Drop off and Pick up Procedures**
- 4. Emergency Preparedness Plan**

Health Care Procedures

- 1. Client Records**
- 2. Accidents/ illness and injuries**
- 3. Medication Administration**
- 4. HIPPA and Confidentiality Policy**
- 5. Complaints**

About Us

Beacon of Hope is owned and operated by Shelby DiPilla. Shelby is a board-certified behavior analyst (BCBA) and Licensed Behavior Analyst (LBA) who is committed to the Ozark and Wiregrass area and works hard to serve clients from this previously underserved area. Beacon of Hope is the trade name for Centrum ABA which loosely translates to the Center of Applied Behavior Analysis. Both names were developed based on what Shelby wanted to convey and provide to families in the area. If at any time you have questions or concerns please feel free to bring it to her attention.



Shelby DiPilla, M.A., BCBA, LBA, Owner: Shelby DiPilla earned her Bachelor's Degree in Psychology from the University of West Florida in 2012 and a Master's Degree from the University of West Florida in Exceptional Student Education and Applied Behavior Analysis in 2014. Shelby obtained her BCBA in 2018. Shelby has experience working with clients ages 2-21 and has worked with clients with many co-morbid diagnoses along with Autism. Shelby is passionate about providing community support for those diagnosed with Autism as well as providing ABA services. In addition to owning and operating Beacon of Hope Shelby runs the Enterprise Autism group as a network leader for the Autism Society of Alabama and volunteers as an Autism Speaks Advocacy Ambassador.

Mission Statement

Beacon of Hope strives to provide excellent behavior analytic services to Ozark and the surrounding areas. We collaborate with colleagues across multiple disciplines to enhance and apply evidence-based practices.

Program Overview

Each client's program is individualized and based on his or her goals and unique learning style. Every client receives an assessment, and, in cooperation with parents, goals, and objectives are designed to meet his or her individual needs. We serve individuals from 1 year of age and up. We provide ABA in a variety of settings to best meet individual needs.

Attendance Policy

Children must arrive on-time and be picked up promptly at the end of the session. This ensures appropriate services are delivered and clinician's time is effectively and efficiently utilized. Therapists will be ready to meet children at the drop off area. Parents/clients should call the Center at 334-477-4686 if they cannot meet the scheduled arrival or departure times. This will ensure that staff is prepared to receive the child or push back their next session if necessary. More than 3 cancelations in a month with less than 24 hours notice or not showing up for your appointment time will result in a meeting with your child's BCBA to discuss scheduling concerns before continuing therapy. Early pick-ups affect our schedule and take away from your child's medically necessary therapy times. More than 3 early pickups in a month with less than 24 hours notice will result in a meeting with your child's BCBA to discuss scheduling concerns before continuing therapy. If vacations or extended time away from therapy is needed please notify us as far in advance as possible.

Late arrivals take away from the daily planned therapy schedule for your child and it also affects the flow of therapy. Consistent unscheduled late arrivals will result in a meeting with your child's BCBA to discuss scheduling concerns before continuing therapy. If attendance continues to be a problem than your child's hours may be affected.

We do our best to avoid cancellation of sessions due to therapist illness but it may occur. If your session has to be canceled you will be notified as early as possible. We will attempt to limit cancellation to once per month per client due to illness.

Beacon of Hope may have holiday closures. Beacon of Hope will be closed for Good Friday, 4th of July, the day before and day of Thanksgiving, Christmas Eve, Christmas Day, and New Years day. We will have a modified schedule on days that schools are closed. Beacon of Hope may close early for other holidays with advance notice. Once a month on a Friday Beacon of Hope closes at 3pm for staff training.

Beacon of Hope is open from 8am-5pm Monday- Friday. We are open Saturday by appointment only.

Payment Policy

Beacon of Hope accepts Tricare, Blue Cross Blue Shield, Medicaid, and private pay. Beacon of Hope is a trade name for the business and on your bill it will show up as Centrum ABA. If using medical insurance there are requirements that must be met for the payer in order to start and continue therapy. Please assist with documentation when requested.

Co-Pays are due the day that services are rendered. Co-pays more than 30 days late will result in a \$10 fee each calendar month that it is not received. Private Pay fees are due 30 days after the services are rendered. Invoices will be sent to caregivers. Private Pay invoices that are more than 30 days late will result in a \$50 late fee. Private Pay invoices that are not received within 60 days after the due date may result in termination of treatment. Payments can be made in cash, card, or check.

Returned Check Policy

The office will notify you immediately upon receipt of a returned check for the insufficient fund and a \$30 initial fee will be assessed. A credit card or cash payment will be due the next business day. Thereafter all payments will have to be made by credit card or cash.

Client Services

We provide Applied Behavior Analysis (ABA) therapy. ABA improves individuals' quality of life in the following areas: language, motor, social, independent skills, and academic skills. Treatment plans are based on individuals' skill deficits and target behaviors. Target behaviors are behaviors that are impeding their individual from being able to have a high quality of life. Hours of treatment are based on the individuals' skills needs. The treatment at Beacon of Hope also plans for generalization of skills and as a result, clients are expected to demonstrate skills across a variety of settings, people, and

multiple probes of skills. In order to measure success, data is collected during every session and evaluated by the clients's BCBA before programs are altered. Our ultimate goal is for our clients to graduate from ABA and for families to acquire the skills necessary to help the individual be as independently as possible.

Client and family preferences are taken into account when treatment decisions are being made. We work to recognize the individual's wants as much as possible. Each therapist pairs with clients in order to create an atmosphere of positive learning.

Staff at Beacon of Hope are all trained in Applied Behavior Analysis. Staff have had a background check and have obtained or are working towards board credentialing. Staff not credentialed with the board are preparing for the exam and work with an RBT or BCBA closely.

Parent Meetings and Training

Parents are required to attend at least one 1 hour parent training with your BCBA per month. More meetings may be needed based on treatment plans and client behaviors. Your expectations for monthly meetings are outlined in your child's treatment plan. Failure to attend meetings can result in the termination of treatment. Insurance payers require that you attend training and meet caregiver goals. Parent training will include treatment plan goals, objectives, fidelity, and review of data collected. Training may take place at the center or prearranged location. Parent training meetings will be scheduled at the beginning of each month. Upon enrollment, parents will receive a parent training binder that they are expected to bring with them to each parent meeting. Additional binders are available for \$30.

In order to schedule an additional meeting with your BCBA, please request the meeting at least one week in advance. CBAs will not be available for meetings at pick-up or drop-off unless arranged in advance.

Parent and Caregiver Involvement

In order for the client to be successful in behavior change, it requires a team approach. Caregivers are expected to follow treatment plans and be familiar with the client's goals and programs. Data may be collected within the home and school setting and feedback is given. Coordination of care will occur with all caregivers for whom consent has been given.

General Policies

Items Needed: Due to activities that clients are involved in for therapy and the length of the session the following are expected to be provided by the caregiver at drop-off. Failure to do so will be disruptive to therapy.

- Change of clothing
- Food items including snacks, drinks, and meals if applicable. Please include extra food for your child if they are working on food acquisition programs.
- Diapers and Wipes if applicable
- Items needed for treatment goals could be included but are not limited to toothbrush, toothpaste, hairbrush, or combs.
- Reinforcing items if requested

Toileting and Diapering: We use evidence-based potty training programming, social stories, behavior skills training, positive reinforcement. Negative punishment and punishment will not be used as part of potty training. Caregivers are expected to provide materials for potty training.

Transportation: Transportation for community outings may be necessary in order to generalize skills. A transportation agreement will need to be on file and updated every 6 months in order for your child to be transported by Beacon of Hope staff for community outings and field trips. Caregivers are expected to provide car seats if needed. Approved drivers are those who submit proof of a good driving record from the State of Alabama Department of motor vehicles, proof of insurance, vehicle registration and valid driver's license. Please see your child's BCBA to fill out a transportation agreement.

Setting of Therapy

The setting of therapy will be determined based on each individual's behavior goals and staff availability. The setting can include center, community, school, and home. Clients may take walks in the community during center-based services.

Conflict of Interest

Individuals related to clients receiving services may not serve on the treatment team. In order to protect the confidentiality of clients and their families as well as employees of Beacon of Hope we follow HIPAA guidelines, and employees are encouraged not to interact with current or former clients outside of therapy time. Such interaction includes personal relationships, email, and social media. BCBAs and RBTs both have a code of ethics that is expected to be followed at all times.

Communication: Communication with Beacon of Hope should take place during business hours via phone and/ or email. Therapists are not available during off-hours and in case of emergency, you should call 9-1-1. The therapist will not engage in communication with caregivers in a manner that could violate HIPAA. If parents would like to receive photos or videos of only their child during therapy please fill out a media release. Media will be solely for the parents to view progress and see the modeling of programs.

Reporting of Child Abuse and Neglect: Any staff member who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect will immediately report such facts to the Dale County Department of Human Resources.

Social Media Policy: Our code of ethics prohibits staff from accepting friend requests from clients and their families we serve. Additionally, our code of ethics prohibits identifiable pictures from being posted on staff or company social media. Any photos that are posted on the company page are taken in a way such that the individual can not be identified.

Emergency and Safety Procedures

Communicable Diseases: The BCBA's will contact Dale County Health Department to notify them of any reportable communicable illnesses.

Illness Policy: Young children frequently become mildly ill. Infants, toddlers, and preschoolers experience a yearly average of six respiratory infections (colds) and can expect one to two gastrointestinal infections (vomiting and/or diarrhea) each year. Deciding whether to keep your child at home or when to send a client home from the Center can be difficult. It is important for parents and caregivers to discuss what observations have been made and agree on a plan of action. If a specific diagnosis is made, e.g. strep throat, conjunctivitis, etc. please let Beacon of Hope know so other families can be alerted. The following is a guideline and recommendation for exclusion from the Center:

Disease or Symptom Need to stay at home?

- Body Rash with fever Yes—seek medical attention. Any rash that spreads quickly, has open, weeping wounds and/or is not healing should be evaluated.
- Chicken Pox Yes—until blisters have dried and crusted (usually 6 days)

- Conjunctivitis (Pink Eye) Yes—until 24 hours after treatment. If your health care provider decides not to treat your child, a note is needed
 - Coughing (severe, uncontrolled coughing or wheezing, rapid or difficulty in breathing) Yes—medical attention is necessary. Note: children with asthma may attend with a written health plan and authorization for medication/treatment
 - Coxsackie's Virus (hand, foot and mouth disease) Yes—child is no longer contagious once the symptomatic rash appears, unless the child has mouth sores or is drooling and then can continue treatment.
- Diarrhea (watery stools)—infectious Yes, your child should stay at home if not contained within the child's diaper or child is having two or more diapers within a one hour period. Child may return 24 hours after diarrhea has resolved. Yes, your child should stay at home if the diarrhea is accompanied by an illness such as fever or vomiting.
- Fever Yes—fever over 99 degrees and when fever is accompanied by behavior changes or symptoms of illness, such as rash, sore throat, vomiting, etc. Child may return 24 hours following the resolution of the fever and illness.
 - Hepatitis A Yes – until 1 week after onset of jaundice and when able to participate in Center activities
 - Impetigo Yes – until 24 hours after treatment starts
 - Measles, mumps and rubella Yes – these are illnesses that are highly communicable and need to be diagnosed by a physician. Please report any suspicious cases to the Center so that follow-up can occur. If you have any concerns or suspected cases, please call the Center.
 - Mild cold symptoms A good rule of thumb is to keep a child home at the beginning of a cold—the most infectious time and when he or she feels the worst. Return to school when he does not have a persistent cough and he or she feels well
 - Pertussis (whooping cough) Yes – until 5 days of antibiotic therapy have been completed and a note from a health care provider indicates the child is no longer contagious
- Vomiting (2 or more episodes of vomiting in the previous 24 hours) Yes, the child should stay at home until 24 hours following the resolution of the vomiting. Observe for other signs of illness and for dehydration
 - RSV (respiratory syncytial virus) Yes until symptoms dissipate
- Ringworm Yes – until after treatment has started Keep area covered for first 24 hrs of treatment
- Roseola Yes – seek medical advice. A child with an identified rash and no fever may return to the Center
 - Strep Throat Yes until 24 hours after starting antibiotics

- Upper respiratory complications - large amount of yellow-green nasal discharge - extreme sleepiness - ear pain - fever (above 101 degrees) Yes—seek medical advice and decide whether your child should be in the Center
- Yeast infections (thrush or candida diaper rash) No – may attend if able to participate in Center activities. Follow good hand washing and hygiene activities
 - Coronavirus symptoms- symptom free without medication for 72 hours.
Child may return 24 hours after the illness has resolved (fever free, diarrhea resolved)

Inclement Weather Policy

In general Beacon of Hope follows Ozark City Schools for closures. Please contact the center if you have a concern about getting your child to or from therapy due to weather.

Drop-off and Pick-up Procedures

A consent form documenting treatment received must be signed at drop-off before caregiver leaves.

Sign-in and Sign-out sheets will be available in the drop-off area.

Once enrolling at Beacon of Hope you will be asked to fill out a surrogate caregiver permission form for each person other than biological parents whom you give permission to pick-up your child. Pick-up persons must have a valid ID. If parents are separated custody agreement must be on file. Please try to inform staff if someone out of the ordinary is picking up your child so we can inform the therapist.

Emergency Preparedness

Clients and staff will practice exiting the building in case of fire.

Additionally, clients and staff will practice a bad weather drill so that client and staff are prepared in case of inclement weather such as a tornado.

In the event of an emergency, BCBA's or staff will communicate with the parents through a phone call. If Emergency personnel is needed, parents will be informed.

Health Care Procedures

Client Records: Our governing body requires us to keep records including data and session notes for a period of seven years and in line with HIPPA guidelines. Parents must sign release forms for behavior plans, session notes, and data. Documents may be requested at any time for the continuation of care. The client's record could be kept

as paper or electronically. Only necessary staff members will have access to files. Release of information may be requested from other providers and caregivers may be asked to sign a release.

Accident, Illness, and Injuries: We strive for your child's health and safety and do everything we can to prevent accidents from occurring. If an accident does occur we will notify the caregiver immediately and if medical attention is needed it will be provided based on urgency. We will also document any incidents and copies are available if requested. In case of a medical emergency, the center will call 9-1-1 for emergency help. In case of illness, the parent will be notified based on the illness policy outlined above.

Medication Policy: Beacon of Hope will work with parents, physicians and other prescribing health care professionals in administering medication to your child during session times. All necessary forms must be on file before your child can receive any type of medication from our staff. All medicine must be brought to the office in the original container with the prescribed label. Medication will be kept out of reach of clients in a locked container. If the medication requires refrigeration a refrigerator will be provided.

HIPAA and Confidentiality policies: HIPAA policy dictates that client information including medical history and identifying information is not to be discussed with those not relevant to the child's treatment. In order to protect confidentiality, the staff has been instructed not to discuss medical information within earshot of other adults at the center or elsewhere. Client files are to use initials instead of full names whenever possible. Client files will not leave the center without medical justification. Release forms are required before information can be shared with other providers. Observation forms are required before parents can observe within the clinic.

Complaints: If there is a concern that arises with your child's treatment please contact their BCBA. You can schedule a meeting by calling the office. RBTs can not alter treatment plan decisions without the direction of a BCBA. BCBAs and RBTs are certified by the behavior analyst certification board (BACB). If you feel that ethics have been violated you can contact the BACB.com with concerns.

NONDISCRIMINATION POLICY

Centrum ABA, LLC does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of

disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by Centrum ABA, LLC directly or through a contractor or any other entity with whom the Centrum ABA, LLC arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

Centrum ABA, LLC
Shelby Dipilla, Coordinator
334-477-4686 (call or text)

The following is a notice of nondiscrimination which was found to be acceptable as a shortened version of a provider's adopted policy of nondiscrimination. Owing to its brevity, such a statement is more convenient to include in publications, announcements, advertisements, etc., than the complete policy.

Centrum ABA, LLC does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: Centrum ABA, LLC, Shelby Dipilla, Coordinator, 334-477-4686 (call or text)

PROCEDURE FOR COMMUNICATING INFORMATION TO PERSONS WITH SENSORY IMPAIRMENTS

Centrum ABA, LLC will take such steps as are necessary to ensure that qualified persons with disabilities, including those with impaired sensory or speaking skills, receive effective notice concerning benefits or services or written material concerning waivers of rights or consent to treatment. All aids needed to provide this notice are provided without cost to the person being served.

For Persons With Hearing Impairments: Qualified sign-language interpreter for persons who are deaf/hearing impaired and who use sign-language as their primary means of communication, the following procedure has been developed and resources identified for obtaining the services of a qualified sign-language interpreter to communicate both verbal and written information:

Shelby Dipilla will obtain sign language interpreter as needed from:

Alabama Institute for Deaf and Blind, Dothan Regional Center
111 Medical Drive
Dothan, AL 36303
Tel: (334) 677-6270, Fax: (334) 793-7044, VP: (334) 245-9331

Family members and caregivers will be offered training from AIDB as needed.

Note: Family members and friends should be used as interpreters only if: 1) the patient/client has been made aware of the availability of qualified sign-language interpreters at no additional charge and, without any coercion whatsoever, chooses the services of family members or friends). 2) If no interpreters are available in your community (within 30 miles of provider).

For Persons With Visual Impairments: Reader/staff will communicate the content of written materials concerning benefits, services, waivers of rights, and consent to treatment forms by reading them out loud to visually impaired persons.

For Persons With Speech Impairments: Writing materials, typewriters, TDD, and computers are available to facilitate communication concerning program services and benefits, waivers of rights, and consent to treatment forms.

Client Rights

A client has the following rights: 1. To be treated with dignity, respect, and consideration; 2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment; 3. To receive treatment that: a. Supports and respects the client's individuality, choices, strengths, and abilities; b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's general consent; or as permitted in this Chapter; and c. Is provided in the least restrictive environment that meets the client's treatment needs; 4. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights; 5. To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation; 6. To have grievances considered by a licensee in a fair, timely, and impartial manner; 7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense; 8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising

the client's rights; 9. If enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by the Department or the Department's designee in understanding, protecting, or exercising the client's rights; 10. To have the client's information and records kept confidential and released only as permitted under R9-20-211 11. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except: a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2); b. For a client receiving treatment according to A.R.S. Title 36, Chapter 37; c. For video recordings used for security purposes that are maintained only on a temporary basis; or d. As provided in R9-20-602(A)(5); 12. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in R9-20-211(A)(6); 13. To review the following at the agency or at the Department: a. This Chapter; b. The report of the most recent inspection of the premises conducted by the Department; c. A plan of correction in effect as required by the Department; d. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency; 14. To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a behavioral health service provided to a client experiencing a crisis situation; a. Please check with the Centrum ABA Center billing office for questions 15. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment; 16. To be offered or referred for the treatment specified in the client's treatment plan; 17. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan; 18. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the client's life or physical health, or is provided according to A.R.S. § 36-512; 19. To be free from: a. Abuse; b. Neglect; c. Exploitation; d. Coercion; e. Manipulation; f. Retaliation for submitting a complaint to the Department or another entity; g. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's

treatment needs, except as established in a fee agreement signed by the client or the client's parent, guardian, custodian, or agent; h. Treatment that involves the denial of: i. Food, ii. The opportunity to sleep, or iii. The opportunity to use the toilet; and iv. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation; 20. To participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan; 21. To control the client's own finances except as provided by A.R.S. § 36-507(5); 22. To participate or refuse to participate in religious activities; 23. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene; 24. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan; 25. To participate or refuse to participate in research or experimental treatment; 26. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment; 27. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings; 28. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility. Persons with developmental disabilities have the same rights as other US citizens including:

- To be treated with dignity and respect.
- To expect that the personnel caring for him/her will be current in skills and knowledge of their field of employment.
- To be served without regard to age, race, color, creed, sex, nationality, ancestry and disability.
- Protection from physical, psychological, verbal, or sexual abuse
- Access to public education
- Equal employment opportunities & compensation
- Placement evaluations
- Individual Support Program Plan (ISP)
- Right to ISP notes, participate in ISP & placement decisions
- Own, sell, lease property, marry, petition
- Presumption of Legal Competency
- Residential Program clients: right to humane, clean environment, communication, visits, personal property, live in least restrictive environment
- Right to withdraw from service
- Right to be informed of rights upon admission to service

Under the Americans with Disabilities Act, Centrum ABA Center must make reasonable accommodations to allow a person with disabilities take part in a program or service. For example, this means that if necessary, Centrum ABA Center must provide a sign language interpreter for people who are deaf, a wheelchair accessible location, or enlarged printed materials. It also means that Centrum ABA Center will take any other reasonable action that allows you to take part in understanding a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a activity because of your disability, please let us know of your needs in advance if at all possible. Please contact: Centrum ABA Center at 334-477-4686.

Acknowledgment

I _____ have read and reviewed the Beacon of Hope parent handbook prior to _____ beginning therapy. I agree to the contents of the handbook. I acknowledge that by signing this form I agree to fees outlined above.

Signature of parent _____ Date _____

Signature of BCBA _____ Date _____

