



Thank you for your inquiry regarding Applied Behavior Analysis (ABA) and Naturalistic Developmental Behavioral Intervention (NDBI) services through Elevated Kids, Developmental & Behavioral Specialists.

Elevated Kids specializes in a natural, play-based approach to Applied Behavior Analysis (ABA) treatment for toddlers and young children diagnosed with Autism Spectrum Disorder (ASD) or other developmental delay. Elevated Kids utilizes Naturalistic Developmental Behavioral Intervention (NDBI), which is considered best practice for young children diagnosed with ASD, combining the principles of ABA and developmental science to improve a range of areas in child development. All early intervention services are provided in the child's natural environment setting and individualized to meet the specific needs of each child and family. All professionals at Elevated Kids have extensive training and experience in early childhood development, developmental delays, ASD, ABA, and NDBI, to provide each child and family with the highest quality and most effective treatment available.

To begin with early intervention services, please complete and email the enclosed child intake form and questionnaire. Please include copies of any reports that have been previously completed (e.g., diagnostic evaluation report, pediatrician's report, psychometric assessment, speech and language assessment, school report, IFSP, etc). Please also include a copy of your child's health insurance card (front/back) for insurance verification. Once we have received the completed forms and documents, all information will be reviewed in its entirety for completeness. An intake officer from the team will be in contact with you to discuss next steps.

Please E-Mail all information to: info@elevatedkids.com

We thank you for allowing us the privilege of entrusting your child's care to us and look forward to partnering with you to develop a plan and an approach that is specific to you and your child's needs.

Should you have any further questions, please do not hesitate to contact Elevated Kids at 267-978-4305.

Sincerely,

Amberly Caballero, MEd, BCBA, LBS, IECMH
Chief Executive Officer/Owner



CHILD INTAKE FORM

Date: _____

Admission Status: ☒ New Referral

Referral Source Information

Agency, School, Etc.: _____ Contact Name: _____

Relationship to Client: _____

Address: _____

City, State: _____ Zip: _____ Phone: _____

Diagnosis: _____ Diagnosing MD: _____

Reason for Referral: _____

Services Required

☒ Applied Behavior Analysis (ABA)/Naturalistic Developmental Behavioral Intervention (NDBI) Services

Current Therapy (Where/When): _____

Current Placement: _____

Prior Therapy (Where/When): _____

Client Information

Client's Name: _____ DOB: _____

Address: _____

SS#: _____ MA#: _____ School: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Parent/Guardian Name (2): _____ Phone: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

Family Physician Name: _____ Phone: _____

Private Insurance Information

Private Pay: ☐

Insurance Carrier: _____

Address: _____

Subscriber's Name: _____ DOB: _____

Address: _____

ID#: _____ Group #: _____ SS#: _____

Employer's Name: _____ Phone: _____

Address: _____

HR-Benefits Contact Name: _____

Self-Insured Group: ☐ YES ☐ NO

Policy Effective Date: _____ Renewal Date: _____



Intake Questionnaire

Parent: _____ Date: _____

Child: _____ DOB: _____

1. What are you hoping to gain from services? What are your main goals for your child?

2. Has your child had an evaluation? If yes, did your child receive a diagnosis?

3. Does your child currently have any of the following challenges?

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Prefers to play alone | <input type="checkbox"/> Slow to learn gestures, words, or combine words into sentences |
| <input type="checkbox"/> Repeats back what you say, or says the same thing over and over | <input type="checkbox"/> Limited interest in toys or other play materials |
| <input type="checkbox"/> Difficulty making eye contact | <input type="checkbox"/> Difficulty communicating for a variety of purposes |
| <input type="checkbox"/> Difficulty understanding what you say or following directions | <input type="checkbox"/> Plays in unusual ways or in the same way over and over |
| <input type="checkbox"/> Difficulty sharing or taking turns | <input type="checkbox"/> Difficulty imitating what you do or say |

4. How does your child communicate with you?



- 5. Do you have any concerns about your child's behavior, such as temper tantrums, feeding issues, or sleeping issues?
If so, how much do these problems affect your family's day-to-day functioning?**

- 6. Has your child received intervention services, previously or currently? If yes, what treatment methods have been used in these programs, and what has been your experience with them?**

- 7. What are your expectations of your role in your child's therapy sessions?**

- 8. Who spends the most time with your child? Is there someone else who should participate?**

- 9. What languages are spoken in the home? What is the primary language?**

- 10. Are there any issues that will make it hard to attend sessions? If yes, what are they?**



Getting Started Questionnaire

1. Who does your child spend time with during the week?

2. Does your child have siblings? If yes, please list them and give their ages.

3. Please describe your main goals for your child.

Do any of your main goals include:

Please check all that apply:

- ☐ Dressing Routines
- ☐ Toileting Routines
- ☐ Bathing Routines

4. Please describe goals you have for yourself.

5. Please list some activities your child enjoys.



6. Is your child currently receiving any other services (e.g., early intervention, occupational therapy, speech–language therapy, behavior therapy)? If yes, please describe the service (e.g., treatment method), the service provider, and your experience with the program.

7. Please list any other information that may be helpful and attach any previous evaluations or treatment plans.

8. Does your child have an Autism Spectrum Disorder (ASD) Diagnosis: ___ No ___ Yes ___ N/A

Date Established: _____

Does your child have any other developmental diagnosis: _____

9. Developmental Evaluation Completed: ___ No ___ Yes ___ N/A

10. OT Evaluation Completed: ___ No ___ Yes ___ N/A

11. Speech & Language Evaluation Completed: ___ No ___ Yes ___ N/A

Medical History:

12. List Any Medical Issues:

13. List Medications (include frequency and dosage):

14. Date of Last Physical Exam: _____

15. Date of Last Dental Exam: _____

16. Date of Last Hearing Exam: _____

17. Date of Last Vision Exam: _____



Hours of Availability

Please mark the available times (X) for services in home and/or school:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------|---------|-----------|----------|--------|
| 8:00 am | | | | | |
| 9:00 am | | | | | |
| 10:00 am | | | | | |
| 11:00 am | | | | | |
| 12:00 pm | | | | | |
| 1:00 pm | | | | | |
| 2:00 pm | | | | | |
| 3:00 pm | | | | | |
| 4:00 pm | | | | | |
| 5:00 pm | | | | | |
| 6:00 pm | | | | | |

Additional Comments



Evaluations/Assessment Reports

Please attach a copy of your insurance card (front and back)

☐ Check that a copy of each side is included with this packet

Please attach a copy of your child's reports (please include all that apply):

☐ Diagnostic Evaluation Report

☐ IEP/IFSP/504 Plan

☐ Functional Behavior Assessment (FBA) /Behavior Intervention Plan (BIP)

☐ Prescription/Written Order for ABA (If available)

☐ Mental health directives (If applicable)

☐ Powers of attorney

☐ Discharge summaries or evaluations from any ABA services within the last 5 years

☐ Speech/Occupational Therapy/Early Intervention Evaluation Report

☐ Other: _____

Educational History

Please list the schools attended from most recent.

1. Is your child currently enrolled in daycare, pre-school, or elementary school? ____ No ____ Yes ____ N/A
School Name: _____ School District: _____
School Address: _____
Program or Grade level: _____

2. Is your child receiving or has your child received special services or accommodations at school? ____ No ____ Yes If yes, please explain what type: (e.g. IEP, IFSP, 504 Plan) _____



Client Communication Agreement

Individual providers and clients may decide to use email to facilitate communication. Some providers at Elevated Kids may communicate via email, but this agreement does not obligate all Elevated Kids providers to communicate via email. Email may be one of many forms of communication with Elevated Kids.

Risk of using email

I agree to use email to communicate to Elevated Kids providers and staff about my/the child's personal health care. I understand that Elevated Kids providers and staff will use reasonable means to protect the security and confidentiality of email information sent and received. I understand that there are known and unknown risks that may affect the privacy of my personal health care information when using email to communicate. I acknowledge that those risks include, but are not limited, to:

- Email can be forwarded, printed, and stored in numerous paper and electronic forms and be received by many intended and unintended recipients without my knowledge or agreement.
- Email may be sent to the wrong address by any sender or receiver.
- Email is easier to forge than handwritten or signed papers.
- Copies of email may exist even after the sender or the receiver has deleted his or her copy.
- Email service providers have a right to archive and inspect emails sent through their systems.
- Email can be intercepted, altered, forwarded, or used without detection or authorization.
- Email can spread computer viruses.
- Email delivery is not guaranteed.

Conditions for the use of email

I agree that I must not use email for medical emergencies or to send time sensitive information to my/the child's providers. I understand and agree that it is my responsibility to follow up with Elevated Kids providers or staff, if I have not received a response to my email within a reasonable time period.

I agree that the content of my email messages should state my question or concern briefly and clearly and include (1) the subject of the message in the subject line, and (2) clear identification including child's name, parent's name, and telephone number in the body of the message. I agree it is my responsibility to inform Elevated Kids of any changes to my email address. I agree that, if I want to withdraw my consent to use email communications about my child's healthcare, it is my responsibility to inform my child's providers or staff member only by email or written communication.

Understanding the use of email

I give permission to Elevated Kids providers and staff to send me email messages that include my child's personal health care information and understand that my email messages may be included in my child's medical record. I have read and understand the risks of using email as stated above and agree that email messages may include protected health information about me/my child, whenever necessary.

Email address: _____

Print child's name: _____

Signature (Parent/Guardian if under 18) _____ **Date** _____

Printed Name _____ **Relationship to child** _____



Confidentiality

The ABA/NDBI approach to intervention will utilize developmental sequences to guide intervention goals and strategies and the principles of Applied Behavior Analysis (ABA) to evaluate, analyze, and teach new skills. An individualized treatment plan will be created to meet the needs of each child and family. Parent coaching goals will also be developed that are meaningful to the parent and address parent need and support. ABA/NDBI intervention is a clinical process that involves a professional arrangement, and may include developmental skills assessment, parent interviews and questionnaires, direct observations, Functional Behavioral Assessment (FBA), behavior intervention plan, and direct treatment. ABA/NDBI intervention is regulated by laws, ethics, your rights as a client, and by standard business practices. Before ABA/NDBI intervention can begin, your agreement to the business practices described herein is required.

Caregiver Responsibilities

Elevated Kids partners with parents on their child's ABA/NDBI treatment. A collaborative parent partnership is important as it leads to positive long-term outcomes and individual family success. The role of Elevated Kids providers is to implement ABA/NDBI treatment alongside parents or other caregivers during their child's natural, daily routines. A parent or caregiver over the age of 18 must be present at all times during all ABA/NDBI sessions. Elevated Kids providers are not to be left alone in the home or community without the present of a caregiver, including walks in the neighborhood. A parent or caregiver is responsible to be present and to lead all adaptive routines such as feeding, dressing, toileting, and bathing with Elevated Kids providers in a supportive role. Elevated Kids providers are not responsible for the care of siblings or any other child during ABA/NDBI sessions. Elevated Kids providers may not transport a child or family at any time.

Treatment Termination

If at any time during the course of treatment it is determined services cannot continue, you will be provided an explanation for the justification for this decision. Ideally, services end when you and your child's clinical team determine that your child has met all developmental treatment goals to engage fully and independently in the natural environment including home and school. Additional conditions of termination can include:

- You have the right to stop treatment at any time. If you make this choice, referrals to other therapists may be provided.
- Professional ethics mandate that treatment continues only if it is reasonably clear you are receiving benefit. If it is determined that the services are not proving to be clinically beneficial, ethical conduct requires a coordination of care discussion around treatment options and planning.
- Other situations that warrant termination may include: drug abuse, disclosing illegal intentions or actions, inappropriate behavior during services, or failure to meet treatment expectations (i.e., numerous cancellation of sessions)

HIPAA

I hereby give my consent for Elevated Kids to use and disclose Protected Health Information (PHI) about my child to carry out treatment, payment, and health care operations.

I understand and recognize my right to request review and/or obtain copies of any medical records relating to services provided to my child that are collected, maintained, or used by Elevated Kids such as progress reports, assessments, and/or treatment plans. Any such request must be made in writing to Elevated Kids. All requests shall be reviewed for appropriateness, and if required, a "Voluntary Authorization to Release Information" may be requested.



Financial Responsibility

I assume personal responsibility for the payment of all fees, deductibles, co-pays/co-insurance, and agree to the rules and regulations of Elevated Kids. Payment for services will be due within 14 days of the statement date billed to insurance and/or receipt for services rendered for self-pay clients.

My signature below verifies that I have read all the information contained in this Informed Consent and that I asked questions about anything I have not understood up to this point, to include:

- ✓ Confidentiality
- ✓ Caregiver Responsibilities
- ✓ Treatment Termination
- ✓ HIPPA
- ✓ Financial Responsibility

By signing, I freely acknowledge my willingness for my child to undergo ABA/NDBI treatment with Elevated Kids:

Signature of Parent/Guardian

Date Signed

Printed Name of Parent/Guardian



COVID-19: Health & Safety Guidelines

Elevated Kids' priority is the health, safety, and welfare of our providers and our clients. We are closely monitoring developments surrounding COVID-19, as well as all federal, state, and local regulations.

Elevated Kids is following the guidance of the [Centers for Disease Control and Prevention \(CDC\)](#), the [World Health Organization \(WHO\)](#), the [PA Department of Health](#), and the [American Academy of Pediatrics \(AAP\)](#). We encourage you to stay up to date as well.

As we have weathered many shifts in policies and regulations surrounding the COVID-19 pandemic over the past two years, we are excited to announce that Elevated Kids will move to a more relaxed approach to masking. At this time, Elevated Kids will allow masking decisions to be made on a case-by-case basis, as deemed comfortable by individual providers and families.

HOME SETTING

Providers will adhere to the preferences of the family, as well as their own comfort level regarding masking. For example, if a family requests that a provider continue to mask inside their home, the provider will honor the request. Additionally, if a family is comfortable with unmasking, but the provider prefers to mask, then the provider shall continue to mask.

DAYCARE/PRESCHOOL/COMMUNITY SETTINGS

Providers will adhere to guidelines set forth by the individual facility. If a facility has lifted guidance and allowed masks to become optional, a provider may choose to unmask or remain masked, based on their own individual comfort level.

As a reminder, we do still require a pre-session screening prior to any scheduled session. If anyone who planned to be present at the session (providers, identified client, siblings, caregivers, or anyone else) presents with any symptoms of illness, the session will be canceled. We will continue to follow CDC guidelines for isolation and quarantine requirements for exposures and/or positive test results related to COVID-19. As the situation is continuously evolving, Elevated Kids reserves the right to revise our response and guidelines periodically or as deemed appropriate.

We sincerely appreciate your partnership and dedication to keeping all of our providers and families safe over the past two years and look forward to much healthier and safer days ahead!

Sincerely,

Elevated Kids



I. Limiting Contact

SOCIAL DISTANCING

Unvaccinated providers and unvaccinated members of a client's household should practice physical distancing and stay at least 6 feet (about 2 arms' length) from our therapists where possible. This excludes the client, as well as behavior escalations or other specific circumstances that may require additional support from a parent or guardian. Unvaccinated providers and unvaccinated members of a client's household should prohibit any type of physical greeting upon arrival and upon departure (i.e., no shaking hands, hugging, high fiving, etc.)

II. Personal Health

CANCELLATIONS

Sessions **must** be canceled if either provider or a member of the client's household is exhibiting any signs of illness, no matter how minor, or if under a quarantine recommendation by a physician.

PROVIDER/CLIENT SELF-ASSESSMENT

Before beginning an in-person session, all providers are required to perform a brief self-assessment pertaining to the current state of their health prior to entering a client's home or community setting.

1. **Are you or a member of your household currently exhibiting any signs of illness, including mild symptoms such as a runny nose or a slight cough?**
 - If the answer is "no", the Provider will proceed to the next question.
 - If the answer is "yes", the scheduled session will not take place.
2. **Have you or a member of your household recently tested positive for COVID-19?**
 - If the answer is "no", the Provider will proceed to the next question.
 - If the answer is "yes", the scheduled session will not take place.
3. **Have you or a member of your household been instructed to remain under quarantine or isolation by a professional healthcare provider?**
 - If the answer is "no", the Provider will proceed to the next question.
 - If the answer is "yes", the scheduled session will not take place.

PROVIDER

If a session is canceled due to a provider response provided in the questionnaire above, the provider is to notify the Director of Clinical Operations. The Elevated Kids team will thoroughly review the cancellation on an individual basis to better determine the severity of the situation and to formulate a subsequent plan of action.



All providers are instructed to review the questions above **prior** to the start of each scheduled session. If a provider already knows that he/she/they will be providing an answer which will result in a canceled session, he/she/they must notify the Director of Clinical Operations immediately; **before** arriving at the client's home. This will help to prevent transmission and will keep other team members and clients safe.

CLIENT

Clients are strongly advised to perform a brief self-assessment pertaining to the current state of their health, as well, prior to initiating home and community-based services. If a session is canceled due to a client response provided in the questionnaire above, the client is encouraged to notify their provider **prior** to the start of each scheduled session. This will help to prevent transmission and will keep other team members and clients safe.

Hand Sanitizer – In addition to washing their hands with soap and water at the start and end of each session, all providers may utilize an alcohol-based hand sanitizer as an additional measure to sanitize their hands.

HAND WASHING

Upon entering a client's home, our providers are required to immediately use the client's bathroom/kitchen to wash their hands with soap and water for a minimum of 20 seconds and to dry their hands with a paper towel/napkin. Providers will follow the same procedure at the end of each session and will refrain from touching any other objects or surfaces while exiting the client's home.

III. Workspace Safety

SESSION MATERIALS

Session materials should be specific to each client's home and should not travel to/from other client locations.

SANITIZATION

Elevated Kids respectfully asks all clients to share responsibility in providing a safe and healthy work environment for our providers as they provide services in your home. Clients should use their own disinfectant wipes or cleaning products (i.e., based with alcohol, bleach, or ammonia) to wipe down all surfaces, toys, and in-home materials prior to the start of a scheduled session.

IV. Personal Travel

COMMUNICATING TRAVEL PLANS

Elevated Kids strongly encourages all providers and clients to closely [evaluate international travel](#) at this time. Communication with Elevated Kids prior to, during, and upon return from personal travel is critical to keeping our providers, our clients, and our community safe.



All providers must report international travel plans to Elevated Kids. All clients must report international travel plans to their supervising BCBA. The Elevated Kids team will thoroughly review on an individual basis to better assess the risk level and formulate a subsequent plan of action.

V. COVID-19 Protocol for Close Contact, Symptoms and Testing Positive

COVID-19 CLOSE CONTACT

Consistent with CDC guidelines, providers/clients who are at least 3 feet from an infected individual with masking (Both Parties) are excluded from the definition of close contact and not required to quarantine. Similarly, fully vaccinated persons who have come into close contact with someone with suspected or confirmed COVID-19 will not have to quarantine but, should be tested 3-5 days after exposure to ensure that COVID-19 has not been contracted.

UPDATED GUIDANCE:

Providers and clients who have symptoms, regardless of vaccination status should – get tested and isolate from others while waiting for a result. If testing is not possible, follow the guidance below as if the individual is positive.

** The five (5) day count begins day of symptom onset or day of positive test result in asymptomatic individuals.*

ISOLATION

Providers and clients who test positive, regardless of vaccination status, and

- Do not have symptoms – should isolate from others for 5 days, then wear a mask for 5 additional days in all settings.
- Have symptoms – should isolate from others until fever-free for 24 hours and symptoms are improving. Individuals should isolate for at least 5 days since symptoms began and then wear a mask for 5 additional days in all settings.

QUARANTINE

Providers and clients who are exposed to someone with COVID-19, and are

- **Not vaccinated** – stay away from others for 5 days and return to services while wearing a mask for 5 additional days in all settings.
- **Vaccinated and eligible for a booster, but not yet been boosted** – stay away from others for 5 days and return to services while wearing a mask for 5 additional days in all settings.



- **Vaccinated, and have either received a booster or are not yet eligible for a booster** – do not need to stay away from others, but should wear a mask for 10 days in all settings.

Providers or clients who are unvaccinated and believe they or a member of their household have had [close contact](#) with another individual with COVID-19 should immediately contact their professional healthcare provider and get tested. People who have tested positive for COVID-19 within the past 3 months and recovered do not need to get tested following an exposure, if they do not develop new symptoms.

The CDC recommends that anyone with any signs or symptoms of COVID-19 get tested, regardless of vaccination status or prior infection. If you get tested because you have symptoms or were potentially exposed to the virus and are unvaccinated, you should stay away from others pending test results and follow the advice of your health care provider or a public health professional. All sessions will promptly cease for that provider or client. Sessions may resume for that provider or client upon receiving a negative test result, or when the individual has been symptom-free from the original symptoms for five (5) days, without fever for 24 hours. Individual will continue to wear a mask for five (5) additional days in all settings.

Providers must notify Elevated Kids and clients must notify their supervising BCBA as soon as possible. The Elevated Kids team will continue to remain in contact with this individual to better develop a subsequent plan of action for return and will communicate with all necessary parties accordingly.

For more information on what you should do if you believe you or a member of your household is exhibiting COVID-19 symptoms, please review [Coronavirus Symptoms](#) and [Coronavirus Testing](#).

TESTING POSITIVE FOR COVID-19

If a provider or a member of a provider's household has tested positive for COVID-19, the provider must immediately notify Elevated Kids. If a client or a member of a client's household has tested positive for COVID-19, the client must immediately notify the supervising BCBA.

All sessions will promptly cease for that provider or client and isolation/quarantine guidelines will be followed. The Elevated Kids team will continue to remain in contact with this individual to better develop a subsequent plan of action for return and will communicate with all necessary parties accordingly.

For more information on what you should do if you or a member of your household has tested positive for COVID-19, please review [What To Do If You Are Sick](#).



VI. Working Together

STOP THE SPREAD OF GERMS

While we have implemented additional safeguards to further protect the health, safety and welfare of our providers and our clients, we respectfully ask everyone to do their part each day, regardless of whether a scheduled session is occurring, so we can all continue to prevent the spread of germs and contribute to a healthy and safe work environment.

- **Physical Distancing:** Maintain 6+ foot distance from people who are outside of your immediate household if you are unvaccinated (i.e., in public settings, such as the grocery store, bank, etc.).
- **Stay Home When You Are Sick:** When you are sick, stay home, get plenty of rest, hydrate, and check with a professional healthcare provider as needed.
- **Wash Your Hands:** Wash your hands often with soap and water for 20+ seconds. Use alcohol-based hand sanitizer if soap and water are not readily accessible.
- **Clean Shared Surfaces:** Use disinfectants to clean commonly touched items in your home, such as doorknobs, faucet handles, light switches, handrails, elevator buttons, doorbells, etc. Germs travel fast with multiple hands touching shared surfaces.
- **Cover Your Mouth:** Cough or sneeze into a tissue and immediately throw it away; use your arm or sleeve to cover your mouth if you do not have a tissue on-hand. Wear a facemask if you must be around individuals who are outside of your immediate household.
- **Avoid Touching Your Face:** Your eyes, nose and mouth are entryways for viruses to get into the human body, causing you to become infected or get sick. Try to avoid touching your eyes, nose and mouth, especially without properly washing your hands or using an alcohol-based hand sanitizer first.

Signature of Parent/Guardian

Date Signed

Printed Name of Parent/Guardian