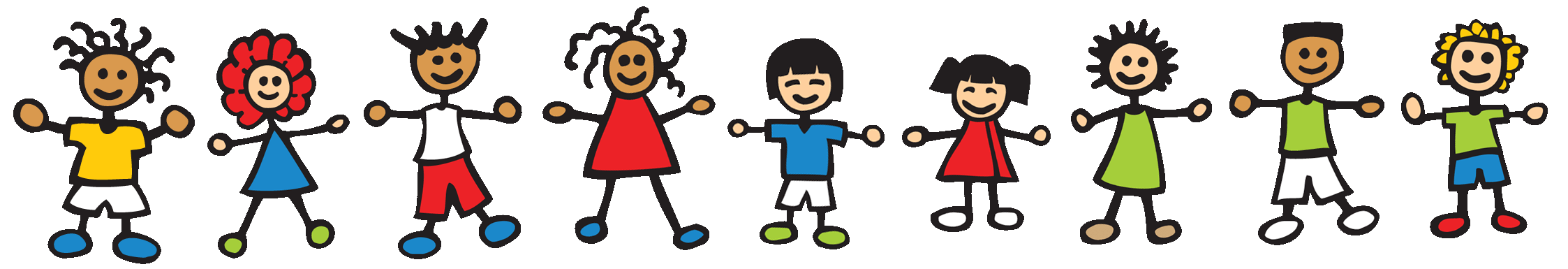
Wheels on the Bus



Pediatric Therapy

IMORTANT DIRECTIONS

Filling out your Pre-Service Orientation Agreement is hands down the most important document you will provide to Rise & Shine Exceptional Services, Inc.

It is also the one form that is most difficult to complete correctly. In an effort to change that, here are directions on filling out the forms the way the State of Arizona requires:

**Every line must be filled out completely or “n/a” written** to ensure that you have seen every line. For example: Under Seizures – you may check “No” and write “n/a” in all following questions about seizures.

Provider’s Name: Leave Blank

Employer Tax No: Leave Blank

AHCCCS ID No: This if students who have AHCCCS only – if you don’t know what it is, your child doesn’t have it

Special Training: This include things like CIT – if you don’t know what it is put “n/a”

Individual: Refers to your child, each child needs their own forms

Assists No: Leave blank, this is a number that DDD will fill in

Emergency Contact: Must be filled out, no exceptions and someone other than the Guardian/Parent

Support Coordinator: If you don’t have one, leave blank, if you do, see attached addresses and phone numbers so you can fill that information in easily

Name of DDD Plan: If you don’t know what this is, you don’t have it, write “n/a”

Physician: This MUST be filled out completely, address & phone, no exceptions

Urgent Care: This is the hospital you would like your child to go to in an extreme emergency by ambulance:

|  |  |  |  |
| --- | --- | --- | --- |
| **Closest to Maricopa:** | **Closest Children’s:** | **Phoenix Children’s:** | **St. Joseph’s Hospital** |
| Chandler Regional  1955 W. Frye Road Chandler, AZ 85224 (480) 728-3000 | **Cardon Children’s**  **1400 S. Dobson Rd** **Mesa, AZ 85202**  (480) 412-3056 | 1919 E Thomas Rd Phoenix, AZ 85016 (602)-933-100 | 350 W Thomas Rd Phoenix, AZ 85013 Phone: (602) 406-3000 |

Day Program: Write “n/a” unless your child is already enrolled in a DTT Program

All Questions: Please fill out every space! Write “n/a” if this doesn’t apply to your child

Behavior Plan: It is tricky to see this line, check “Yes” or “No”, if yes, submit the behavior plan with this document

Signatures: Please leave the top two rows blank; print your name, sign & date

Thank you for taking the time to fill this in correctly so we can focus our time on your precious children!