Elevated Kids
Pediatric Developmental & Behavioral Specialists

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 provides sub-specialized, developmentally-appropriate and effective early intervention services utilizing evidence-based Applied Behavior Analysis (ABA) and Naturalistic Developmental Behavioral Intervention (NDBI) treatment for young children diagnosed with Autism Spectrum Disorder (ASD) or other developmental delay. 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.. 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

Amberly Caballero, MSEd, BCBA, LBS, IECMH
Executive Director/Owner
Elevated Kids, LLC

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CHILD INTAKE FORM

Date: _____
Admission Status: [X] 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

[X] 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: _____

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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:

- ☐ Prefers to play alone
- ☐ Repeats back what you say, or says the same thing over and over
- ☐ Difficulty making eye contact
- ☐ Difficulty understanding what you say or following directions
- ☐ Difficulty sharing or taking turns
- ☐ Slow to learn gestures, words, or combine words into sentences
- ☐ Limited interest in toys or other play materials
- ☐ Difficulty communicatingfor a variety of purposes
- ☐ Plays in unusual ways or in the same way over and over
- ☐ 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?

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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.

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.

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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: _____

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Hours of Availability

Please mark the times (X) you and your child are available for services:

	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

_____

_____

_____

_____

_____

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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 for ABA

☐ 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: _____
   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) _____
   _____
   _____

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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**

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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. A collaborative parent partnership is important as it leads to positive long-term outcomes and individual family success. 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.

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 treatment plan goals have been achieved. 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 (if available).
- 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.

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

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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.

Masks will be required by all providers and recommended for all clients and their families while indoors. Masks will not be required outdoors. This is irrespective of vaccination status. Please refer to the "PERSONAL PROTECTIVE EQUIPMENT (PPE)" section of the document for additional guidance.

Elevated Kids has implemented new health and safety measures to further protect our providers and clients. We ask for full cooperation from our providers and our clients as we all work together to help prevent transmission by minimizing contact and maintaining a healthy and safe work environment.

These Health & Safety Guidelines outline the safeguards we are requiring all providers and clients to follow until further notice. If it comes to a client's attention that a provider on their team is not following any of the above procedures, the client must notify the supervising BCBA immediately. Additionally, if it comes to a provider's attention that a client is not following any of the above procedures, the provider must notify the Director of Clinical Operations.

As the situation is continuously evolving, Elevated Kids reserves the right to revise our response and guidelines periodically or as deemed appropriate.

I. Limiting Contact

SOCIAL DISTANCING

Unvaccinated providers and unvaccinated members of a client's household must 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.) When social distancing cannot be accommodated, it is recommended to wear facemasks when in close contact (within 6 feet) with Elevated Kids providers regardless of vaccination status.

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.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Facemasks/Face Shields – All providers are required to put on their provided facemasks or face shields upon arrival at the client's home, prior to entering, and must wear their facemasks for the entire duration of the session. Providers can remove their facemasks upon exiting the client's home once the session has been completed or for any duration of a session that occurs outdoors. All members of a client's household are recommended to wear facemasks when in close contact (within 6 feet) with Elevated Kids providers regardless of vaccination status.

    - The CDC defines "close contact" as being within 6 feet of another individual for a total of 15 minutes or more. For the safety of all parties, we respectfully ask our clients and other individuals in the home to wear a mask if they will be within 6 feet of our provider for a total of 15 minutes or more during a session.

    - In general, you do not need to wear a mask in outdoor settings. In areas with high numbers of COVID-19 cases, consider wearing a mask in crowded outdoor settings and for activities with close contact with others who are not fully vaccinated.

The following categories of people are exempt from the requirement to wear a mask:

- A child under the age of 2 years;

- A person with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability;

- Children who are communicating or seeking to communicate with EK providers where the ability to see the mouth is essential to communication, also are not required to wear a face covering. Alternative face coverings, such as plastic face shields, may be used, but are not required

2. 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.

Close contacts of positive cases of COVID-19 which do not fall in the exception detailed above must quarantine for 10 days and monitor symptoms through the 14th day.

Note: This exception does not apply to individuals who are not vaccinated.

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 ten (10) days and without fever for 72 hours.

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.

HEALTHCARE DIRECTED QUARANTINE AND ISOLATION

If a provider, client, or member of either household is under a professional healthcare provider's direction to self-quarantine or isolate, all sessions will promptly cease for that provider or client. Sessions may resume for that provider or client when the individual has been symptom-free from the original symptoms for ten (10) days, and without fever for 72 hours. 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.

EXHIBITING COVID-19 SYMPTOMS

Providers or clients who believe they or a member of their household are exhibiting symptoms of COVID-19 should immediately contact their professional healthcare provider, stay home, closely monitor their symptoms, and follow instructions from their professional healthcare provider. Providers must also notify Elevated Kids and clients must notify their supervising BCBA as soon as possible.

All sessions will promptly cease for that provider or client. 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.

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 ten (10) days, and without fever for 72 hours. 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.

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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. Sessions may resume for that provider or client when the individual has been symptom-free from the original symptoms for ten (10) days, and without fever for 72 hours. 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 _____