

By Design Social Skills LLC

socialskillsnj@gmail.com

973-294-0519

Application Instructions

Please complete and return the following forms along with the applicable intake fee (See Fee Schedule):

- Client Information Form
- Stress Response Evaluation
- Parental Consent/Billing Agreement
- Privacy Policy

Forms can be emailed or mailed. If mailing, please send forms to:

By Design Social Skills LLC
3100 Route 138
Building 3, Suite 1
Wall Township, NJ 07719

Intake fees can be charged by major credit card via our website, www.socialskillsnj.com. Click on the "Make a Payment" link and follow the instructions. Checks should be made out to "By Design Social Skills LLC" and mailed to the above address.

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Client Information Form – Lego Club

Today's Date _____

Child's Name _____ Age _____ Date of Birth _____

Names of Immediate Family Members

Address

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name and Phone Number _____

School Name and District/City _____

Grade or Equivalent _____

Diagnosis (if any) _____

What kind of class does your child attend? (Please circle all that apply)

1 – Regular Education/Fully Mainstreamed

2 – Regular Education with Supports (Aide, 504 Plan, Other _____)

3 – Resource Room (If so, what subjects _____)

4 – Self-Contained Class

5 – Special Education School

6 – Homeschool

Is your child receiving any additional services? (Please circle all that apply)

1 – Discrete Trial or ABA Home Program

2 – School/Private Speech Therapy

3 – School/Private Occupational Therapy

4 – Other _____

Does your child exhibit any aggressive behaviors? (Self-injurious, hitting, biting or verbal threats) _____

Does your child have any serious allergies that we should be aware of?

Stress Response Evaluation

How does your child usually indicate he/she is becoming anxious or stressed? Check all that apply and add details as needed.

___ Asks inappropriate questions/makes inappropriate comments

___ Leaves seat/room

___ Becomes off task

___ Meltdown

___ Becomes silly

___ Noises/humming increase

___ Blurts/Yells out

___ Reduces eye contact

___ Cries/tearful

___ Refuses requests

___ Damages property

___ Repeats self

___ Distractibility increases

___ Shuts down

___ Facial expression/posture changes

___ Stares off

___ Fidgeting/restlessness increase

___ Voice tone/volume changes

___ Hurts self/others

___ Other

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Parental Consent

Thank you for choosing *By Design Social Skills LLC* for your child’s therapy.

I, _____, hereby give permission for *By Design Social Skills LLC* to provide therapy services to _____.

Child’s Name

Signature (Parent/Legal Guardian)

Relationship

Date

Billing Agreement

This agreement will serve as notification that payment for all therapy services is due and payable at the time of service. You will receive a receipt of payment for each visit for your records. A comprehensive statement is available to you for all paid sessions at any time. It is your responsibility to pursue insurance reimbursement to determine if these services are covered. *By Design Social Skills LLC* does not accept or bill your insurance carrier. Any payment arrangement made between parents and/or legal guardians of the child is a private matter. This office will bill only one parent/guardian. Payment can be made via cash, check or major credit card through the “Make a Payment” section of our website, www.socialskillsnj.com. A \$15 service charge will be added to all outstanding balances of 30 days or more. There will be a \$30 charge for any check returned to us due to insufficient funds.

In the event that you need to cancel or reschedule an appointment, 48 hours’ notice is appreciated. If a session is canceled with less than 48 hours’ notice a \$35 missed appointment fee will be charged.

If all terms in this Billing Agreement are agreeable and acceptable, please sign below. By signing you are hereby consenting to treatment and acceptance of policies outlined above.

Child’s Name

Signature (Parent/Legal Guardian)

Relationship

Date

Please check here if you would also like your bill emailed to you: _____

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Privacy Policy

At By Design Social Skills we are vigilant about protecting client confidentiality. No information regarding our clients is shared with or distributed to any other person or organization without a signed authorization form from the client's parent or guardian. Any questions, comments or complaints can be directed to Beth Nardone-Troast at 973-294-0519.

I _____ have read the above privacy policy.
Parent/Guardian Signature

Date: _____

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