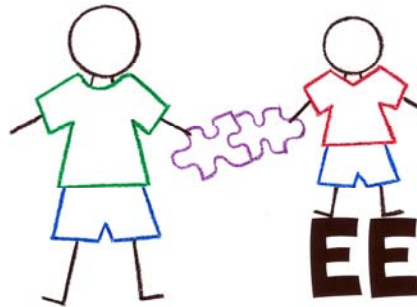


Exceptional Expectations, L.L.C.



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Client Application Packet

The following Forms have been created and/or compiled by Exceptional Expectations in order to facilitate the initiation of services and to provide the Consumer with pertinent information regarding the process and policies.

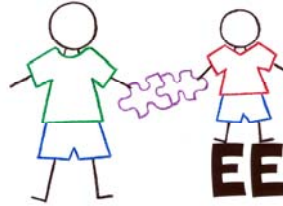
- New Client Welcome Letter
- Guide to Beginning Services
- Client Support Program

The following forms must be completed and submitted to office prior to the initiation of services:

- Client Information Form**
- Pre-Service Provider Orientation Form**
- Client Awareness Form**
- Transportation Release Policy Form**
- Parent Authorization for Photo/Video Form**
- Release of Records Form**

If you have further questions or concerns, or would like more information about a particular topic, please contact the office at 480-209-4357.

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P.O. Box 1723 Apache Junction, AZ 85117 p. 480-209-4357 f. 480-636-7597
www.exceptionalexpectations.com
exceptionalexpectations@yahoo.com

Dear Prospective Client:

Thank you for your inquiry to Exceptional Expectations, LLC. Our agency strives to provide exceptional services and we are committed to meeting your own expectations. We are proud to have been providing habilitation and respite services in Arizona for six years. As a DDD-contracted agency, we strive to know each family and its needs, including child goals, progress, and continuing service needs.

Exceptional Expectations, LLC is co-owned by a Special Education teacher and a Speech-Language Pathologist with over 20 years of combined education and experience working with children with special needs. Exceptional Expectations, LLC and its staff are dedicated to furthering your child's educational and functional skills to provide for increased quality of life and independence. Parents/guardians, family members, caregivers, teachers and all others who are involved in the care and promotion of your child are invited to attend informational meetings and trainings. We provide comprehensive and mandatory training to Service Providers who are dedicated to maintaining our exceptional standards. Our services are based on "Best Practice" theory, policy and intervention. We value collaborative and coordinated services and encourage active participation from all involved parties. In order to facilitate coordinated services, a Program Consultant will complete a Home Visit in order to create an individualized program for your child. Exceptional Expectations and its Directors maintain an "open office policy" and invite your questions, comments, concerns, and compliments.

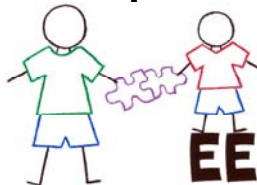
Our agency also maintains a positive relationship with your Service Provider in order to monitor the quality of services to your family. A few efforts of quality assurance include monthly progress reviews, quarterly parent communication via phone or email, agency newsletters that contain pertinent information and educational opportunities, and semi-annual Quality Assurance surveys. To strengthen connections, we offer company-sponsored events such as "Family Nights," and monthly Continuing Education Trainings. We recognize the dynamic needs of our families and hope to help you put together the pieces of family, community, education, and hope.

We encourage you to complete the Client Application Packet and return all required forms to the office. We are excited and honored to work with your family and thank you for the opportunity!

Sincerely,

Kami Cothrun, M.Ed.
Director/Founder
Exceptional Expectations, LLC

Exceptional Expectations, LLC



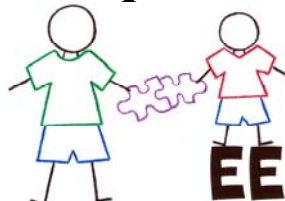
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Guide to Beginning Exceptional Services

- Your child must be approved by the Department of Developmental Disabilities (DDD) for Home and Community Based services, including Habilitation, Respite, Habilitation Communication, and/or Habilitation Behavioral. You may obtain information regarding eligibility and application at www.de.state.az.us/ddd.
- New clients must complete a Client Application Packet (CAP). The CAP may be downloaded from www.exceptionalexpectations.com or may be mailed upon request. Please contact the Administrative office if you would like this packet to be mailed to your home. The CAP includes the following forms:
 - Client Information Form
 - Pre-service Provider Orientation Form
 - Transportation Liability Form (if applicable)
 - Client Awareness Statement
 - Authorization for Video/Photo
 - Release of Records Form
- If a family new to EE has a Service Provider who would like to work through EE, that Service Provider must complete the necessary application requirements, including attending a New Provider Orientation. In addition, if the Service Provider is to provide habilitation services, he/she must attend a New Provider Habilitation Training.
- If a family new to EE does not currently have a Service Provider, the child's name and pertinent information will be submitted to our data base to be matched with a Service Provider who best meets the child's needs.

- Although Exceptional Expectations contracts with experienced and trained Service Providers, it is not uncommon to experience a waiting period in which no Service Provider is available in your area. It is strongly recommended that families continue to advocate for their child by locating their own Service Provider. Often, family members, friends, neighbors, or public school employees can meet the service needs of your family. Exceptional Expectations is able to provide the necessary and required training and certification to provide habilitation and/or respite services.
- Once a potential Service Provider is located, EE staff will coordinate a connection by sharing with you the Service Provider's contact information. The potential candidate may contact you, if preferred. The Parent/Guardian should make every effort to conduct an interview to determine if this candidate will appropriately meet your family's needs.
- The Parent/Guardian must contact the Administrative office once a candidate has been selected. EE staff will assist establishing a service arrangement with your selected Service Provider.
- The Parent/Guardian must contact the child's Support Coordinator to request an authorization (*Universal Referral Form*, URF) to the Exceptional Expectations, LLC office. The URF authorizes delivery of services (i.e., number of hours allotted) that your child is eligible to receive from DDD. Exceptional Expectations and its staff may help coordinate this process and answer questions; however, we are unable to request this information from the Support Coordinator. **Services cannot start until an authorization is awarded to EE.**
- If your child does not have a current program of services, a Program Consultant will meet with your family within 10 days of the initiation of services. A Home Program identifies your child's current strengths and needs, and outlines service objectives to be achieved by the child. Each program contains information specific to your child's needs, including teaching methods, techniques, and activity suggestions.
- The Home Program will be reviewed based on dynamic considerations, including the number of service hours completed, level of functioning, rate of progress and individual needs of the child. Reviews typically occur quarterly, and may occur semi-annually, when appropriate.

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Client Support Program

Exceptional Expectations and its staff would like to welcome you to our agency. Many families have experienced the dynamics of working with a Service Provider or Therapist in the home and recognize the delicate and supportive relationships involved in providing quality services to your child. The working relationship between people with developmental disabilities, families and Service Providers depends on communication, consistency, and respect. The Directors of Exceptional Expectations would like to provide you with suggestions and considerations for optimizing and maintaining these relationships.

Communication is essential. The best piece of advice that we can share is to communicate clearly and openly with your Service Provider so that they continually understand and adhere to your expectations. Provide constructive feedback that informs your Service Provider what they are doing successfully, what they are doing incorrectly, and what changes need to be made in order to improve. A Client should feel free to provide input regarding services to their child; however, many worry that the provider may quit or feel offended. We encourage you to manage this “service” as you would any other service that you employ. A confident consumer communicates praise *and* concern openly and earnestly. Your Service Provider has received comprehensive training regarding the methodology and dynamics of working with children with special needs. They also have been instructed about how to participate in constructive communication.

Having another person in your home can be complicated. You appreciate the effort and services that are offered to your child, yet sometimes relationships can become strained or tense based on interpersonal dynamics. At times, the presence of another person in your home may feel intrusive or disruptive to your daily routine or to the personal needs of your family. Clear expectations and well-defined roles contribute to positive relationships.

The following information can assist you in establishing and maintaining a professional working relationship with providers.

Establish a Code of Conduct

A Code of Conduct is a document used to outline the individual and or family’s expectations of how people will act toward each other during the delivery of supports and services. It details the responsibility to which each party agrees. Typically, a Code of Conduct outlines the responsibilities of the Service Provider, the consumer (the child receiving services) and any family members. A Code of Conduct describes “house rules.” These could include such things as telephone use, breaks, smoking, etc. A sample Code of Conduct is included in [Appendix A](#) to assist you in developing your own.

Keep Expectations Clear and Reasonable

As a consumer or family member, you have the right to choose your Service Provider. You also have a responsibility to be clear and reasonable in your expectations. One way to achieve this is to develop a job description for the Service Provider. Another way is to provide specific orientation to your needs or those of your family members. Examples of job descriptions and personal profiles are included in [Appendix B](#) and [C](#) of this document.

Understand the Service and What it is Designed to Provide

Each service has a specific definition that describes the service or support. These definitions are formally described in the Service Specifications that are used in the Agency's contract with the Division. Both the parent and the Service Provider should be aware of the service definitions for each service provided to the Consumer. Examples of service descriptions for Habilitation and Respite services are provided in [Appendix B](#) and [C](#).

Interview Your Provider

As the employer, you have the opportunity and the responsibility to interview potential Service Providers to see if your needs will be appropriately met. Interviewing a potential employee is both an art and a science! The art is trusting your instincts. The science is asking questions carefully customized to determine the Service Provider's ability to meet your needs. A sample "interview" is included in [Appendix D](#), but you may want to design questions that further define your specific needs and the Service Provider's ability to meet those needs.

Train Your Provider

Every Service Provider contracted by the Agency will have a basic knowledge of the skills and strategies necessary to provide services to children with special needs. Information shared in the "interview" will provide additional information regarding the specific training or experience necessary to work with your child. Many parents are able to provide training for the specific needs of the child (e.g., dietary restrictions, medical information). Agency Staff may provide additional training to Service Providers based on your child's specific needs, when available. A training outline can be developed based upon the job description that you write.

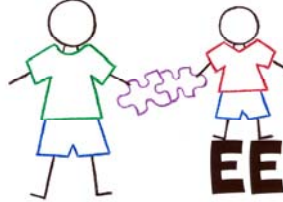
Provide Feedback to Your Provider

We all appreciate when a job well-done is acknowledged but it often is uncomfortable to tell people negative things. Feedback is a tool used to inform the Service Provider of things you like and appreciated, as well as what is not working or needs improvement. Concerns should be expressed in ways that allow the provider to learn from your feedback. Some guidelines are included in [Appendix E](#).

Solve Problems

If after earnest discussion and feedback you continue to have issues, it is time to problem-solve. You have options. First, you should contact an Agency Director, who is able to mediate and provide acceptable solutions. Next, you could ask your Support Coordinator to facilitate a meeting between you and the Service Provider to resolve your issues. Lastly, mediation is an option that offers resolution through an informal process in which both parties come to a reasonable solution to the issues. Please contact an Agency Director if at any time you believe that you require dispute resolution services.

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Appendix A: Code of Conduct-Example

Responsibilities of All Parties

- Be respectful at all times
- Do not borrow or lend money
- Provide advance notice of schedule changes
- Be clear in all communication
- Follow the job description or discuss changes in advance
- Keep information confidential
- Report any case of suspected fraud to the Support Coordinator
- Keep a positive attitude with each other
- Listen to each other
- Maintain communication log after each session

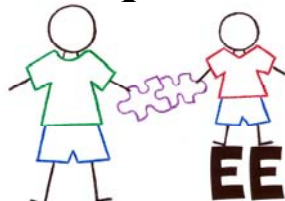
Responsibilities of Consumer/Family

- Participate in Individual Support Plan meetings as requested
- Notify provider of changes in health status
- Review and sign the time sheet accurately and timely
- Provide money for the consumer for requested outings
- Do not expect provider to care for other family members or friends

Responsibilities of Service Provider

- No smoking except on breaks and it will be done on the patio
- No personal phone calls except in emergencies
- Keep accurate time sheets
- Pay my own way for requested outings
- Be on time

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Appendix B: Service Description for Habilitation-Example

Habilitation provides a variety of support designed to increase a person's independence. The goals of this service include supporting a person to gain knowledge and skills, assisting in learning socialization skills and appropriate behavior as well as gaining and maintaining a quality life. This support may occur in the person's home or in the community. Based on the person's specific needs, as identified through the Individual Support Plan process, some of the tasks related to Habilitation may include:

- Assistance and training related to personal and physical needs and routine daily living skills
- Implementing strategies to address behavioral concerns
- Ensuring health needs are being met
- Implementing therapy recommendations
- Training in mobility or alternative or adaptive communication
- Assisting in learning to use community services

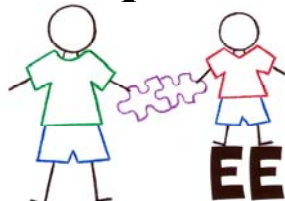
Personal Profile for Jim Smith

I'm Jim Smith. I'm 15 and I want to be out in the world. I need help with money and learning how to talk with strangers. Sometimes, I run up to people because I want to meet them. My mom says this isn't a good thing because I don't know them. I would like to go to movies and McDonald's and have fun.

Job Description for Habilitation for Jim Smith

The purpose of this job description is to provide you with a brief description of my support needs. I need you to be prompt and reliable because I get upset if my routine is disturbed. If you want to take time off, please let me know at least two weeks in advance so I can make other arrangements. Feel free to ask me any questions about what I need. I want to go out and do something two times each week. I want to do something on Saturday and on Wednesday. I need you to help me plan and budget for my fun time. Videos, movies, McDonald's and anything else you think of will be okay. I don't have much money, so maybe sometimes we can go to the park and play basketball. Help me learn how to meet other people. I want to make lots of friends and be happy.

Exceptional Expectations, L.L.C.



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Appendix B: Service Description for Habilitation-Example

Habilitation provides a variety of support designed to increase a person's independence. The goals of this service include supporting a person to gain knowledge and skills, assisting in learning socialization skills and appropriate behavior as well as gaining and maintaining a quality life. This support may occur in the person's home or in the community. Based on the person's specific needs, as identified through the Individual Support Plan process, some of the tasks related to Habilitation may include:

- Assistance and training related to personal and physical needs and routine daily living skills
- Implementing strategies to address behavioral concerns
- Ensuring health needs are being met
- Implementing therapy recommendations
- Training in mobility or alternative or adaptive communication
- Assisting in learning to use community services

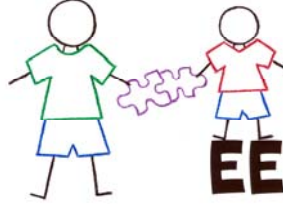
Personal Profile for Candee Dewit

I'm Candee Dewit and I am 8 years old. I need help with my self-care skills and social skills. I am able to help take care of my personal hygiene needs, but I would like to be more independent with skills such as washing my hands, brushing my teeth and using utensils. I am a social butterfly and I like to be around others, but I have difficulty sharing, talking with peers and answering questions. Sometimes, I get overwhelmed by my surroundings and I do things that calm me such as humming, covering my eyes and shaking my hands repeatedly. I would like to do more arts and crafts; I love colors. But I have difficulty coordinating my fingers and hands to do things like cutting, gluing and coloring.

Job Description for Habilitation for Candee Dewit

The purpose of this job description is to provide you with a brief description of my support needs. I need you to be patient and offer me extra time to do things on my own. I like pictures and they help remind me of what step comes next. I don't like to be rushed and if I am, I can shut down or get anxious. I need a consistent schedule, and I like to know what happens next. I like stickers and candy and will work extra hard for these treats. Help me be a good friend by sharing and taking turns.

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Appendix C: Service Description for Respite-Example

This service provides short-term care and supervision in accordance with the person's Individual Support Plan. The goal of the service is to provide a "break" for the caregiver. This service can be provided in the person or the provider's home or community. Duties may include:

- Providing for the social, emotional and physical needs of the person
- Ensuring medication is taken as prescribed
- Providing appropriate first aid or attention to an illness or injury
- Providing appropriate food
- Following the person's Individual Support Plan.

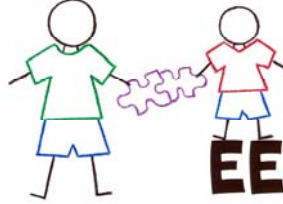
Personal Profile for Respite for Maggie Sullivan

My name is Maggie. I'm 5 years old. I like to watch videos and play with babies. I hate rice, but I love ice cream. Please don't raise your voice to me because that will upset me. When its time for me to sleep, I need my mouse, Leroy. He's gray and fuzzy. Don't forget to give me my pills at 8:00am, noon and 4:00pm because without them, I could get sick. If I have a seizure while I'm with you, write down the time and how long it lasts and what it looks like. Don't try to hold me down or put anything in my mouth. Move furniture away from me so I don't hurt myself. I will be very sleepy when it's done and I will want Leroy.

Job Description for Respite for Maggie Sullivan

The purpose of this job description is to provide you with a brief description of Maggie's support needs. Because we use respite occasionally, I hope you will let me know when you will not be available. Maggie will stay at your house. We will bring all of her clothing, medications and Leroy. We will also give you money for special outings and/or treats. Maggie must have her Dilantin (100mg at 8:00am, noon and at 4:00pm) every day. She must also drink plenty of fluids throughout the day. Notify us of any seizure activity (see Maggie's personal profile). In addition to watching her, especially in the community, we expect that you will treat her with love and kindness, as if she were one of your own children. Thank you.

Exceptional Expectations, L.L.C.



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Appendix C: Service Description for Respite-Example

This service provides short-term care and supervision in accordance with the person's Individual Support Plan. The goal of the service is to provide a "break" for the caregiver. This service can be provided in the person or the provider's home or community. Duties may include:

- Providing for the social, emotional and physical needs of the person
- Ensuring medication is taken as prescribed
- Providing appropriate first aid or attention to an illness or injury
- Providing appropriate food
- Following the person's Individual Support Plan.

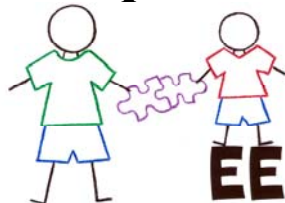
Personal Profile for Respite for Peter Cole

My son, Peter is 13 years old and doesn't speak. He does, however, let you know when he needs something. If he wants water or juice, he will either take you by the hand and lead you to the refrigerator or he will make a noise and point to the fridge. If he's hungry he will do the same type of thing. If he wants to watch television, he will get the remote control and give it to you. He can use the bathroom by himself, but you must remind him every hour and after he has something to drink. Peter doesn't take any medicine. He is a very healthy boy. While you are with him, he may become upset as he doesn't like to be away from me. If he becomes upset, give him the framed photograph of me that sits on the TV stand. Also, reassure him that I won't be gone for very long.

Job Description for Respite for Peter Cole

I will need you to provide respite for Peter every Saturday from 9:00am to 1:00pm. I may also need you at other times. When you arrive on Saturday morning, Peter will have had his breakfast and be groomed for the day. He typically likes to look at books in the morning, but he may want to watch TV. He likes to go for a walk around the neighborhood about 11:00am. He needs you to help him watch for traffic and I want you to remind him, verbally, to look both ways before crossing the street. After your walk, he will be ready for lunch. He needs reminders to wash his hands and face before and after his meals. His favorite lunch is a grilled cheese sandwich, tomato soup and an apple, however, I will have leftovers available in case he would like something different.

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Appendix D: Sample Interview

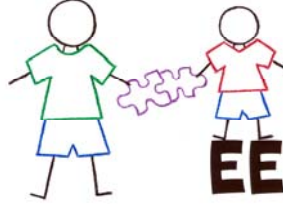
You may want to do a job interview with potential Service Providers. The interview could be formal or informal. While you will want to tailor your questions to your specific needs, the following are some general questions you may wish to ask.

- How would you describe yourself including strengths and areas you would like to improve?
- Do you have any special training or experience that would help you on this job?
- What is your experience in working with people with developmental disabilities?
- Why are you interested in providing support to me/my family member?
- Why did you leave your last position?
- What do you like best about this type of work?
- What do you like least about this type of work?
- Why are you the right person for this job?
- What kind of supervision do you need?
- What would you do if we disagreed about something?
- What kinds of situations make you tense or nervous?
- Describe a difficult problem you have had to handle. What did you do?
- Tell me why you think you are reliable and dependable.
- What else would you like to tell me about yourself?

The following are examples of personal preferences and/or limitations that may indicate whether or not a potential Service Provider would be a “good fit” for your family.

- Do you smoke?
- Are you allergic to pets?
- Do you have any medical or physical conditions that would prevent you from lifting my child, etc.?
- Are you willing to drive my child in your car to community outings, therapies, etc.?
- Do you have a cell phone for emergency purposes?
- Are you willing to include a sibling for respite services for an agreed upon hourly wage or stipend?
- Are you willing to provide respite services in your own home?
- Are you comfortable changing diapers?

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Appendix E: Providing Feedback to Your Employee

Effective communication is critical in having a positive working relationship with your employee. One of the key components of effective communication is providing frequent feedback, both positive and corrective. If your employee is performing well, frequent praise and encouragement will increase motivation. Any problems with performance should be clearly stated and the desired performance should be coached. One important principle to remember in providing feedback is that positive and corrective feedback should be given as close as possible in time to when the relevant performance occurs.

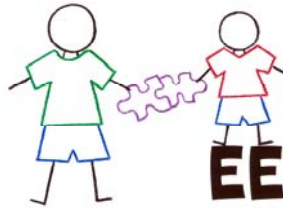
Guidelines for Giving Positive Feedback

- Choose a time and a place so you can avoid interruptions and not be overheard by others.
- Clearly describe what the employee did to deserve praise.
- Express appreciation and explain how their performance helps you.

Guidelines for Giving Corrective Feedback

- Choose a time and a place so you can avoid interruptions and not be overheard by others.
- Focus on the problem, not the employee.
- Identify exactly why the problem causes difficulty for you and why it cannot continue.
- Ask for the employee's help in resolving the problem and discuss the ideas he/she offers for the solution.
- Reach agreement on specific actions that each person will take to solve the problem and establish a specific time frame for the resolution.
- If you want to do a formal evaluation of your provider, you may wish to consider the following factors in determining what to evaluate:
 - Establishes a good working relationship
 - Communicates well
 - Works to assist you on following through with the Individual Support Plan
 - Has knowledge and skills to meet your needs
 - Respects your culture, rules and values and maintains your privacy
 - Demonstrates a professional attitude by being on time and following through with all tasks
 - Overall, meets your expectations

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Frequently Called Numbers

Exceptional Expectations

Kami Cothrun, M.Ed.
Administrative Director
480-209-4357

exceptionalexpectations@yahoo.com

Amanda Murphy, M.S., CCC-SLP
Director of Programming
480-223-8190

eamandamurphy@yahoo.com

Local & Administrative Offices for D.D.D District I Offices

District Administrative Office
4000 N. Central St., Ste. 900
Phoenix, AZ 85012
602-246-0546

Avondale Office
290 E. La Canada Blvd.
Avondale, AZ 85323
623-925-5270

Camelback Office
2001 W. Camelback Rd. Ste. 170
Phoenix, AZ 85012
602-870-1721

Gilbert Office
2288 W. Guadalupe Rd.
Gilbert, AZ 85323
480-831-1009

Mesa Office
1619 E. Main St.
Mesa, AZ 85203
480-834-4233

Peoria Office
8990 W. Peoria Ave.
Peoria, AZ 85345
602-771-0012

Southwest Office
3802 N. 53rd Ave. Ste. 250
Phoenix, AZ 85031
602-771-8888

Black Canyon
13450 N. Back Canyon Highway, Ste. 174
Phoenix, AZ 85029
602-375-5600

Clarendon Office
4000 N. Central Ave., Ste. 360
Phoenix, AZ 85012
602-771-0400

McKinley Office
1824 E. McKinley St.
1824 E. McKinley St.
602-258-2375

North Office
14040 N. Cave Creek Road Ste. 100
Phoenix, AZ 85022
602-485-0236

Queen Creek
22719 S. Ellsworth Rd. Ste. 101
Queen Creek, AZ 85242
602-771-1550

Surprise Office
11526 W. Bell Rd.
Surprise, AZ 85374
602-771-1700

My Support Coordinator _____

Office: _____ Telephone: _____

Email: _____

My Service Providers / Therapists

| Name | Position | Agency | Phone |
|------|----------|--------|-------|
|------|----------|--------|-------|

| Name | Position | Agency | Phone |
|------|----------|--------|-------|
|------|----------|--------|-------|

| Name | Position | Agency | Phone |
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| Name | Position | Agency | Phone |
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| Name | Position | Agency | Phone |
|------|----------|--------|-------|
|------|----------|--------|-------|

Emergency Contacts

| Name | Relationship | Phone #1 | Phone #2 |
|------|--------------|----------|----------|
|------|--------------|----------|----------|

| Name | Relationship | Phone #1 | Phone #2 |
|------|--------------|----------|----------|
|------|--------------|----------|----------|

| Name | Relationship | Phone #1 | Phone #2 |
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| Name | Relationship | Phone #1 | Phone #2 |
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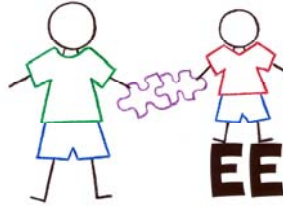
Local Fire Department Phone _____

Local Police Department Phone _____

Poison Control Phone _____

Pediatrician Name _____ Phone _____

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Client Information

Client Name: _____ Date of Birth: _____
Last, First Middle MM/DD/YYYY

Diagnosis: _____

Parent/Guardian Name(s): _____

Siblings: Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Address: _____
Street No./P.O. Box Apt./Ste./Bldg City State Zip-code

Major Cross-streets: _____

Phone: h _____ w _____ c _____

Email address: _____

School Information: School Name: _____ Grade _____

Type of Classroom: _____
(Mainstream classroom, Inclusion Classroom, Self-Contained, Special program, etc.)

Teacher's Name: _____ Phone: _____

Case Manager Name: _____ Phone: _____

How did you hear about Exceptional Expectations? _____

Days / Times needed for Services: Client needs Habilitation Communication services

Day(s) _____ Time(s) _____ Hab Respite

Day(s) _____ Time(s) _____ Hab Respite

Day(s) _____ Time(s) _____ Hab Respite

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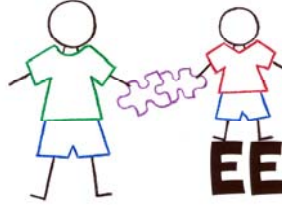
Day(s) _____ Time(s) _____ Hab Respite

Parent or Guardian

Date Form Completed

Office Only: Date Form Received: _____ by _____ Action: _____

Exceptional Expectations, L.L.C.



Helping families put together the pieces.

P.O. Box 1723 Apache Junction, AZ 85117 p. 480-209-4357 f. 480-636-7597
www.exceptionalexpectations.com
exceptionalexpectations@yahoo.com

Pre-Service Provider Orientation

Instructions: This form is to be completed by the Provider and individual and/or responsible party receiving services prior to the initiation of services. A copy MUST be retained by the provider and a copy sent to the District Office. The provider must also ensure that a General Consent and Authorization form is completed and retained by the provider.

CRITICAL INFORMATION

Agency/Provider Name Exceptional Expectations, L.L.C.

Child Diagnosis _____

Special Training The following special training is necessary to work with this child:

Medical Training No Yes _____

Seizure Management Training No Yes _____

Other special training (Please describe) _____

CLIENT INFORMATION

Client Name: _____ Date of Birth: _____
Last, First Middle MM/DD/YYYY

SSN: _____

Address: _____
Street No./P.O. Box Apt./Ste./Bldg City State Zip-code

Parent/Responsible Party: _____ Relationship: _____

Address: same as above _____
Street No./P.O. Box Apt./Ste./Bldg City State Zip-code

Phone: h _____ W _____ C _____

Emergency Contact: _____
Name Relationship Phone

Emergency Contact: _____
Name Relationship Phone

Support Coordinator _____
Name Office Phone

Primary Care Physician _____
Name Phone

COMMUNICATION:

Verbal Non-verbal

Client Name: _____ Date of Birth: _____

Describe communication abilities _____

ASSISTIVE DEVICES:

Vision: _____ Hearing: _____ Dental appliances: _____
Communication: Type: _____ Do you own? No Yes

BEHAVIORAL CONCERNS:

CIT Training Needed: No Yes Behavior Treatment Plan: No Yes
Brief description of behavior _____ Frequency _____
Recommended Intervention _____

HEALTH – MEDICAL

Current medications and significant historical medication issues:

Medical log required? No Yes Special medication instructions? No Yes
Medications taken regularly: _____
Pertinent medical conditions: No Yes _____

ALLERGIES TO:

Food: No Yes _____
Medication: No Yes _____
Environmental: No Yes _____
Other: No Yes _____
Recommended response to allergic reaction: _____

SEIZURES: No Yes Describe: _____
Frequency (# per hour/day/week): _____ Approximate duration: _____
Recommended response to seizure activity: _____

PROTECTIVE DEVICES:

Instructions for use: _____
Purpose: _____

FOOD:

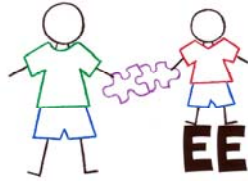
Does food present a choking hazard? No Yes Describe: _____
Special Diet No Yes _____
Tube feeding No Yes _____
Eating Disorder No Yes _____

SIGNATURES

Print Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

Print Providers Name _____ Provider's Signature _____ Date _____

Exceptional Expectations, L.L.C.



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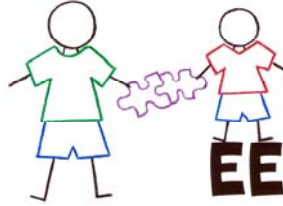
Client Awareness Form

I, _____ (Client) hereby certify that I am the parent or legal guardian of
_____ (Child).

- Exceptional Expectations, L.L.C. is an agency contracted with the Arizona Division of Developmental Disabilities (D.D.D.) to provide Home- and Community-Based Services (HCBS) including Respite, Habilitation, Habilitation-Communication, and/or Habilitation-Behavioral services to any Child who is eligible for these services.
- The Client will experience greater daily contact with the Service Provider than will Exceptional Expectations, L.L.C. As such, Client agrees to notify Exceptional Expectations, L.L.C. of any concerns with any Service Provider contracted by Exceptional Expectations, L.L.C. and to cooperate with Exceptional Expectations, L.L.C. in its efforts to evaluate those employees providing services to child. Efforts may include, but are not limited to, semi-annual Quality Assurance surveys, quarterly communication via phone or email, and Random Billing Inquiries.
- Neither Client nor Service Provider is obligated to participate in any situation in which the personal safety or comfort of the individual is compromised. This includes any situation in which factors arise after the initiation of services that cause harm, discomfort, or fear for the individual. Factors include, but are not limited to, personal dynamics such as personal safety, hygiene and/or habits, the behavior of pets, an individual's communication style, and/or the status of the home (e.g., organization, cleanliness, routines). Client acknowledges that it is his/her responsibility to report such concerns to an Agency Director in order for appropriate actions to be taken.
- Exceptional Expectations, L.L.C. and its staff are required by law to report *immediately* any suspicion of abuse, neglect, or exploitation of a Child. Client acknowledges that it is his/her responsibility to report to an Agency Director any concerns regarding the aforementioned situations involving a Service Provider contracted by Exceptional Expectations, L.L.C. Client acknowledges that it is the responsibility of the Agency Director to report such concerns to D.D.D. and that D.D.D. may initiate its own internal investigation into any allegations of abuse, neglect or exploitation. Client acknowledges that Exceptional Expectations, L.L.C. will diligently and comprehensively review each situation.
- Service Providers for Exceptional Expectations, L.L.C. may not provide services for Client on behalf of Exceptional Expectations, L.L.C. until Exceptional Expectations, L.L.C. has received a service authorization from D.D.D. to provide services. It is the responsibility of the Client to request that the Support Coordinator grant the service authorization to Exceptional Expectations, L.L.C.
- The Client should work collaboratively with Exceptional Expectations, L.L.C. and its staff to enhance the program selected for child. Client may participate in a phone-conference and complete the necessary Client Input Form in lieu of an in-home meeting. Exceptional Expectations, L.L.C. and its staff acknowledges that ultimately, program decisions regarding the Client reside with the parent or guardian, subject to the rules and regulations of the D.D.D. Program objectives must align with the Child's Individual Support Plan (ISP) and reflect appropriate consideration of the Child's functional abilities.

- Client involvement will enhance the implementation of the Child's home program. The Client should be knowledgeable of the program elements and communicate necessary changes/updates in the Child's programming needs in a timely fashion. Client participation may include, but is not limited to, inviting Agency staff to participate in ISP or other planning meetings, participating in Home Programming meetings to help define appropriate goals, and/or attending pertinent training for techniques and strategies.
- Exceptional Expectations, L.L.C. sponsors monthly Continuing Education Trainings to promote and enhance the education of Service Providers, families, and caregivers. The Client may attend any and all trainings, but is not obligated to do so. Upcoming training dates are located in the monthly newsletter distributed via email.
- Client shall schedule services directly with the Service Provider of Exceptional Expectations, consistent with the number of respite and habilitation hours the client has been authorized by D.D.D.
- It is the shared responsibility of the Client and Service Provider to inform one another in advance, when possible, of absences. The Client should inform the Service Provider of any illness or medical condition and optimally, services should be rescheduled in order to prevent spreading the illness.
- It is the responsibility of the Client to inform Exceptional Expectations, L.L.C. when a substitute Service Provider will be necessary, for example, when a Service Provider is expecting an extended absence. Exceptional Expectations, L.L.C. and its staff will diligently attempt to provide a substitute Service Provider; however, circumstances may limit the agency's ability to provide a substitute.
- Client shall be available to review, verify and sign monthly documentation, including Time Sheets and Habilitation Records (for habilitation services only). It is recommended that the Client and/or Provider maintain copies of submitted Time Sheets. A copy of the Child's Habilitation Record must be maintained at the service site, in a safe and inaccessible location from children and pets.
- Peer and/or sibling participation in Habilitation Services typically is inappropriate unless the Child's Program provides for such participation. As such, inclusion of peers and/or siblings during habilitation services should be limited in time and scope and should at no time reduce the Service Provider's ability to provide quality services.
- The inclusion of peers and/or siblings in Respite Services must be approved by a Director of Exceptional Expectations, L.L.C. The Client is responsible for paying an additional stipend to the Service Provider for caring for siblings. The Client may contact an Agency Director to discuss customary and/or appropriate payment for providing care for sibling(s). The Division of Developmental Disabilities is not responsible or liable for providing services for peers and/or siblings.
- A Service Provider may not request additional compensation from the Client for providing services to the Child Client who is eligible and authorized for services by DDD. The Client should inform Exceptional Expectations, L.L.C. if a Service Provider makes such a request.
- It is inappropriate to require the Service Provider to complete duties outside the scope of Home- and Community-Based Services. Such services may include, but are not limited to, housework (e.g., vacuuming, cleaning, and laundry), clerical work, or other duties outside the scope of Respite and/or Habilitation Services. It is permissible to engage services that are related to a child's individualized goals for daily living and independent living skills. For example, the Service Provider may assist a child to sort, wash/dry, and fold clothes if such a goal is an identified and documented need for the child. Certain courtesies may be extended by the Service Provider such as assisting with "toy clean up" at the end of the day and such actions may be requested by the Client and agreed upon by the Service Provider. It is up to the mutual discretion of the Client and Service Provider to arrange for such non-contracted services and such an agreement is considered outside the scope, liability or financial obligation of Exceptional Expectations, L.L.C.

Exceptional Expectations, L.L.C.



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Transportation Release Policy

I, _____ (the parent/guardian) understand that Exceptional Expectations, L.L.C. does not contract to provide transportation services and such services are generally not within any provider's scope of services with Exceptional Expectations, L.L.C. Exceptional Expectations, L.L.C. providers are not authorized to provide transportation services on behalf of Exceptional Expectations, L.L.C.

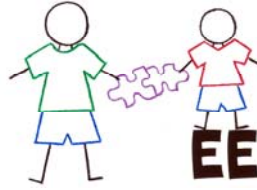
_____ (the parent/guardian) shall hold Exceptional Expectations, L.L.C., owners, and employees and Independent Contractors harmless from any and all costs, claims and liabilities of any kind arriving during transportation of _____ (child).

Printed Parent/Guardian Name

Signature

Date

Exceptional Expectations, LLC



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Parent Authorization for Video/Photo

I understand that I have the right to refuse video-recording or photographing of my child in any circumstance or environment that I deem outside of the best interests of my child. Such circumstances or environments may include, but are not limited to, those in which the child is physically or emotionally stressed, frightened, unable to perform, or physically defiant. Although I recognize that these situations may provide beneficial and educational information about my child, I reserve the right to deny video-recording or photographing of my child during these times. I understand that if I am unavailable or not present, the individual or agency to which I grant permission will give due diligence and consideration to the best interests of my child. The confidential information contained within these records will be conducted by and shared only with the individual and/or agency to which I grant permission. This information shall be used for educational and/or informational purposes only and will not be conveyed for any other purpose(s).

Potential uses of information may include program planning and goal development, training or certification purposes, outside individual/agency consultation, data collection, and/or evaluation, including observation and assessment.

| | |
|------------------------------|---------------|
| Name of Child | Date of Birth |
| Parent or Guardian Signature | Date |
| Address | Telephone |

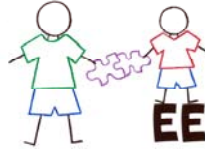
I hereby authorize video-recording and/or photographing of my child to be conducted and used solely by the following party/parties for the abovementioned purposes.

| | | |
|--------------------|--------|----------|
| Name of Individual | Agency | Position |
| Name of Individual | Agency | Position |

I permit Exceptional Expectations, LLC to use photographs of my child for the following publication purposes:

- | | |
|--|--|
| <input type="checkbox"/> Informational pamphlets | <input type="checkbox"/> Website: www.exceptionalexpectations.com |
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Agency conducted training, development or certification |

Exceptional Expectations, LLC



Helping families put together the pieces

Parent Authorization for Release/Request of Client Confidential Information

I hereby authorize the release of client information **FROM**:

| | | | |
|----------------|------------------------------|------------|--------------|
| Name of Agency | Person/Therapist Responsible | City/State | Phone Number |
|----------------|------------------------------|------------|--------------|

| | | | |
|----------------|------------------------------|------------|--------------|
| Name of Agency | Person/Therapist Responsible | City/State | Phone Number |
|----------------|------------------------------|------------|--------------|

| | | | |
|----------------|------------------------------|------------|--------------|
| Name of Agency | Person/Therapist Responsible | City/State | Phone Number |
|----------------|------------------------------|------------|--------------|

- Information to be shared:
- Evaluations/Assessments/Diagnostics
 - Therapist notes/reports
 - Child's Work Samples
 - Videos/transcripts of Child's services
 - Other summative information regarding Child's services

I hereby grant permission for confidential information to be released **TO** the following party/parties for purposes limited to those related to the evaluation and treatment of my child.

| | | | |
|--------------------|--------|----------|--------------|
| Name of Individual | Agency | Position | Phone Number |
|--------------------|--------|----------|--------------|

| | | | |
|--------------------|--------|----------|--------------|
| Name of Individual | Agency | Position | Phone Number |
|--------------------|--------|----------|--------------|

| | | | |
|--------------------|--------|----------|--------------|
| Name of Individual | Agency | Position | Phone Number |
|--------------------|--------|----------|--------------|

- Information to be shared:
- Evaluations/Assessments/Diagnostics
 - Therapist notes/reports
 - Child's Work Samples
 - Videos/transcripts of Child's services
 - Other summative information regarding Child's services

I understand that I have the right to inspect the contents of any physical records prior to the records being forwarded. The confidential information contained within these records will be shared only with the third party/parties to whom I grant permission. This information shall be used for educational/informational purposes only and will not be conveyed for any other purpose(s).

Potential uses of information include program planning and goal development, training or certification purposes, outside individual/agency consultation, and evaluation, including observation and assessment.

| | |
|---------------|---------------|
| Name of Child | Date of Birth |
|---------------|---------------|

| | |
|------------------------------|------|
| Parent or Guardian Signature | Date |
|------------------------------|------|

| | |
|---------|-----------|
| Address | Telephone |
|---------|-----------|