Office Location:
8225 Mid-Cities Blvd.
Suite: 200
North Richland Hills, TX. 76182

OFFICE NUMBERS: (817)-849-5802
Office hours 6:00 am to 6:00 pm
info@abaintersactive.org
Welcome to ABA Interactive Behavioral Health

We are delighted as a company to have you and your family choose ABA Interactive LLC Behavioral Health to make a difference in your life or the life of your loved one. This is a responsibility that we take very seriously. We are committed to maximizing you and/or your loved one progress by applying evidence-based strategies consistent with the methods of Applied Behavioral Analysis.

Our Client Handbook was created so that everyone is aware of the requirements of ABA Interactive LLC Behavioral Health has to its clients as well as the requirements our Clients have as the primary team member for their intervention. We encourage you to become an active participant on our journey to building a more successful future for life. Please take time to read this handbook thoroughly. If there is any section of this handbook you would like to discuss in further detail, please feel free to enquire resolution from the executive staff.

Sincerely,

Kiara Henry
Our Mission

Our mission at ABA Interactive, LLC Behavioral Health is to make positive, life-changing differences in the lives of our clients by actively collaborating with parents, professionals, and the community, using a fun and interactive science-based approach. Our goal is to encourage those who are involved in the lives of our clients to become an active participant in building a better future for them and their families.

Our Vision

To be known and valued for providing behavioral health services that make a positive life-changing differences in our client’s lives.

Our Services

Behavioral Services

- 1 on 1 ABA Therapy
  - In Home
  - In Center
- In Schooling Shadowing
  - Respite Care

Social Skills Training

Parent Training
Services Description

For In-Center and In-Home Behavior services to be covered by insurance, the services must be ordered by the client’s physician, be reasonable and necessary to treatment.

Behavior Analysis

Services provided to assist a person to learn new behaviors that are directly related to existing challenging behaviors or functionally equivalent replacement behaviors for identified challenging behaviors. Services may also be provided to increase existing behavior, to reduce existing behavior, and to emit behavior under precise environmental conditions. The term “behavior analysis services” includes the terms “behavior programming” and “behavioral program.” Behavior service includes the design, implementation and evaluation of systematic environmental modifications for the purposes of producing socially significant improvements in and understanding of human behavior based on the principles of behavior identified through the experimental analysis of behavior. It includes the identification of functional relationships between behavior and environment. It uses direct observation and measurement of behavior and environment. Contextual factors, establishing operations, antecedent stimuli, positive reinforcement and other consequences are used based on identified functional relationships between behavior and environment, in order to produce practical behavior change.

Provision of a behavior services must comply with the Texas Administrative Code. Behavior services must be provided in the setting(s) relevant to the behavior problems being addressed.

Behavior Analysis

Assessment and Treatment Plan The systematic evaluation of environmental variables/conditions for the purpose of changing behaviors to produce socially significant improvements in human behavior based on the principles of behavior identified through the experimental analysis of behavior. Procedures used must include observation of the person in his various environments and collection of data regarding behaviors, and might involve interviews with significant persons in those environments, review of records and occasionally systematic manipulation of variables

Respite Care

Supportive care and supervision provided to a Client when the primary caregiver is unable to perform these duties due to a planned brief absence, an emergency absence, or when the caregiver is available but temporarily physically unable to care for or supervise the Client for a brief period. The purpose of respite is to enable the Client’s primary caregiver(s) to have a break from the normal caregiving routine.
**Social Skills Training**

Social skills training is a type of therapy, often used in combination with other therapy techniques, designed to help clients relate to other people in different social situations. Social skills training typically consists of modeling of typical social behavior, followed by role-playing to ensure the behavior is properly attained and practiced in other environments outside of therapy center.

Generally, a therapist will break down the social skill into small parts and determine where a client may need improvement. The therapist will then begin with one issue at a time, taking the process slowly. Social skills training has been helpful with children with learning disabilities to be more socially adept and avoid social withdrawal.

**Parent Training**

Parent training refers to involving the parents or caregivers in their child's ABA therapy. It is part of an ABA therapist responsibility to encourage parent training or parent education. This could be sharing details of behavioral goals with the parents, teaching the parent independently run a therapy session and observing the parents implementing compliance training and providing feedback...it could even be as simple as making recommendations to the family about behavioral supports in the home, such as posting a visual schedule.

**For Information about these and other services, please contact our office.**

**Service Agreement**

We will provide you with a written Service Agreement/Consents which needs to be signed by the client or legal representative and returned to us before we can start providing services.

When this document is signed, the client is agreeing to abide by the Policies and Procedures as mentioned in this handbook.

**Payment For Services**

If necessary, we may seek assistance from an outside party in order to collect payment for services rendered to you. In such cases, any disclosures are limited to the minimum that is necessary to achieve the purpose. Copays are the responsibility of the beneficiary. Beneficiaries will be invoiced monthly for copayments. Payment plans are available upon request.
**Health Care Insurance**

If we do not file your insurance claims at this time, we will provide you with statements that you may submit to your insurance carrier or complete any forms as required by your insurance carrier in order to obtain reimbursement for out-of-network providers. In order to assist you with obtaining reimbursement for our services, your insurance carrier may require that we provide a clinical diagnosis, or additional clinical information such as treatment plans or summaries, copies of your child’s entire Clinical Record. In such situations, we will make every effort to release only the minimum information about you and your child that is necessary for the purpose requested. By signing this Agreement, you agree that we can provide requested information to your carrier if/when you choose to file a claim for any services that we have provided to you or your child.

**Health Records**

Health records are maintained by our staff to document doctor orders, assessments, progress notes and treatment. Your records are kept strictly confidential by our staff and are protected against loss, destruction, tampering or unauthorized use. Our Notice of Privacy Practices describes how your protected health information may be used by us, or disclosed to others, as well as how you may have access to this information.

ABA Interactive Behavioral Services provide copies of health records once the client or legal representative completed the Client Authorization for Use / Disclosure of Protected Health Information (PHI) form. Request will be processed and fulfilled within 30 working days from the date the office receives request. Records will be sent via certified mail or electronic to the address/e-mail provided on the authorization form. ABA Interactive reserved the right to request payment (in advance) for records requested to be sent via certified mail.

**Client Satisfaction**

Quality service is very important to us. Please ask questions if something is unclear concerning our services and the care you receive. After your discharge from ABA Interactive Behavioral Services, a Client Satisfaction Survey will be mailed to you. Your answers help us to improve our services and ensure that we meet your needs and expectations. Our Client Satisfaction Surveys are also sent annually.

**Hours of Operation**

Our office hours are Monday through Friday from 6:00 am to 6:00 pm except during observed holiday

In home as need when approved by the director and BCBA
Ages of Clients

ABA Interactive LLC Behavioral Health provides care for children ages 2-18 and adults ages 18 and up

Admission/Enrollment Process

ABA Interactive LLC Behavioral Health Services does not refuse services because of age, race, color, sex or national origin. Upon the referral of a new client, ABA Interactive strives to provide professional and adequate services to meet client needs. Our goal is to refer licensed or certified independent contractors who are more than capable of delivering services as defined in a specific medical plan of treatment for the client.

Prior to behavioral health services being offered, an assessment will be performed (including in home, in school, and in center observations if necessary). An assessment will be scheduled to include all interested parties if reasonable and appropriate. The initial assessment shall be performed by board certify behavior health specialist to determine the care need of the individual.

If it is determined by all parties that there is a match between the client’s needs and the services, services will begin after an assessment plan is completed. However, before a client is officially accepted an intake process must be completed consisting of: intake packet, signing appropriate consents and insurance verification.

*Spaces will not be held by verbal contract; registration fees and deposits must be paid in full in order for a spot to be held for the client*

Transfer Process

It is important that the transition between providers of clients occurs smoothly, within a timely manner so that there is no interruption in services. Communication between all parties is the responsibility of each team member. Organizational personnel will communicate changes in a timely manner via telephone, one-on-one, case conferences or home meetings.

In the event, services are no longer sufficient to meet the needs of the client, every reasonable effort will be made to assist in helping that client find an agency or facility that is better suited for their circumstances. A written letter of discharge of service will be sent to the client within 24 hours, upon notification. We will make every reasonable effort to assist with the transfer to another provider within 72 hours.
We request 24-hour advance notice for any changes in service if possible. In the event, the health status changes and the client are transferred to a health care facility, the agency will make note of the transfer and service will be suspended until the client and/or responsible party notifies the agency to resume services. Upon return home, the client may be reassessed by the agency with the service plan revised to reflect current needs.

**Discharge Process**

A client may be discharged when the client moves out of the service area; when payment sources are exhausted; if the registry can no longer provide the services needed; if it has been determined that the care in the home cannot adequately meet the client needs; the client or family request services discontinued; the client, member of the household, or other significant caregiver is physically abusive or verbally threatening to registry staff. ABA Interactive LLC Behavioral Health requires two-week notification for clients that are discontinuing services, if possible. When services are to be terminated, the client or primary caregiver shall be notified of the date of termination and reason for termination.

**Waiting List**

Clients will be placed on a waiting list for openings if we are full at the time of your interest in our services. Preference will be given to siblings of clients currently in the program and then to those families who have gone through the interview process with the executive staff.

**Drop Off/Pick Up Policy**

**Drop Off Procedure**

Upon arrival, client should enter in the front of the building, clock in using time clock, and wait in the waiting area of the center until their therapist meets and take them to designated therapy area.

**Late Arrival**

All clients arriving late for their session should notify the center by phone as soon as possible. Upon arrival, proceed to waiting area as normal drop off procedure. Any client’s arriving more than 15 minutes late may be subjected to rescheduling their therapy session.

**Pick Up Procedure**

Clients are to be clocked out using the time clock found at the receptionist desk and waiting in the waiting area until therapist drops off client. In the event that the client must leave early please notify the center as soon as possible.
Late Pick Up

Please notify the center as soon as possible. Parents/guardians/caretakers may be subjected to pay late fees, 5 dollars after 15 minutes and a dollar for every minute after.

Client Guidelines

1. Parents/guardians/caretakers may set up a visit to observe the client in the center as means of receiving information about the client’s progress. All visits must be scheduled prior with the executive director.
2. Parents/guardians/caretakers are responsible for reviewing the progress notes sent with client. Parents/guardians/caretakers may also at times be responsible for collecting data on behavior(s) in the home.
3. Additional services may be necessary dependent on client progress to aide in generalization and further communication from the center program to the home or school.
4. We encourage all parents/guardians/caretakers to call or ask for a meeting with the executive director and ABA Interactive LLC Behavioral Health team if there are any concerns about the client’s experience.
5. We ask parents/guardians/caretakers to please be sensitive to the time spent with the therapists and staff at drop off and pick up. If there is a need for a conversation lasting longer than five minutes, please schedule a meeting to address any concerns.
6. ABA Interactive LLC Behavioral Health offers incentive programs for parents/guardians/caretakers based on meeting criteria for participation, in-home data collecting, etc.

Parent/Client Responsibility Agreement

Participation in the client’s treatment is essential. Below you will find a few participation requirements to receive treatment services from ABA Interactive, LLC. Please contact the executive director for any questions you may have.

Client/Parent/Guardian/Caretaker Participation

I understand and agree to participate in the following areas:

1. **Individual Education and Treatment Plan Participation**
   - I will provide any requested documentation necessary and consistent with materials needed for treatment.
   - I will discuss and participate in creating appropriate goals for the client.
   - I understand that I may request program changes at any time by contacting the executive director to schedule a meeting regarding these possible changes;
however, I also understand that all final decisions will be made at the BCBA’s discretion.

2. **Home Generalization**
   - I (parent/guardian /caretaker) will implement recommended behavioral plans and collect data on parent goals.

3. **Information on File Requirements**
   - I will provide all information for the client’s file and keep client’s file up to date for both the education and treatment documentation and provide necessary documentation required by regulating entities including but not limited to: emergency contact information, current IEP documents, and other.

4. **Center Visits and Observations**
   - I understand that if the client is in a small group that I must not violate the confidentiality or interrupt the treatment of the other clients.

**Emergency Weather/ Evaluations/Early Dismissals /Inclement Weather**

In the event of inclement weather, we will follow Birdville ISD weather related closure procedures. We reserve the right to modify this policy.

**Supplies/Fees/Etc.**

Parents/guardians/caretakers are required to send in the appropriate clothing/and or appropriate toileting supplies that the client may need while at ABA Interactive LLC Behavioral Health center. Please allow for a minimum of two changes of clothes. Storage space will be provided for the client’s items.

**Providing Outside Care**

ABA Interactive LLC Behavioral Health allows its clients to request outside care through its staff members through other funding such as: Respite care, CCMS, Texas Home Living, etc. Oral contracts are not permitted. Request for services should be submitted to the executive staff at least one week prior to the need of services. Approval will be dependent upon staffing needs. All final decision is left to the BCBA.

**Social Media Policy/Photos/Videos**

We encourage friendly involvement and socializing at the center, however; we ask that you please be mindful of others when taking photos. Per HIPPA policy and out of respect of client’s privacy we ask that you have consent before taking photos.
Illness/Communicable/Contagious Diseases

Illness and Exclusion Criteria

The health and well-being of all clients and staff members is an area that is taken with extreme care. This is not only a critical topic for the clients but for the staff as well. With that being said, we adhere to a strict illness policy. Please take the time to read this section thoroughly and initial to acknowledge that the section has been read and understood. If there are any questions, please feel free to contact the executive staff to address any concerns. In the event, that a client may need to be seen by a doctor, the parent/guardian/caretakers will be required to submit a signed report from the doctor before the client can be admitted into the facility. This is to ensure that a client does not expose other clients and staff to an illness.

Clients with minor illness may attend services in-center at the executive staff’s discretion. It is important to realize that if a client is unable to participate in the normal routine or needs additional care that cause neglect other clients, that client must stay home. Also, there some illnesses and communicable diseases that the law prohibit the client from interacting with others.

Some of those illnesses are but not limited to:

• Infectious Conjunctivitis
• Chicken Pox
• Infectious Diarrheal
• Hepatitis A
• Impetigo
• Scarlet Fever
• Scabies
• Ringworms
• Strep Throat
• Lice

ABA Interactive, LLC Behavioral Health would also like to mention, if the client develops certain symptoms, they should be kept at home. For example: Fever, Nausea/vomiting and Diarrheal

Fever

A fever is a sign that the body is fighting some problem. The importance of a raised temperature depends on what is causing the fever. A temperature of 100.4 degrees or higher means the client will not be allowed in-center services and should not return to the facility until the temperature has been broken for 24 hours without the aid of a fever reducing medication such as Tylenol. Please keep in mind as a parent/guardian/caretaker that if you administer a fever reducer, this usually only lasts a few hours. If the client displays a fever while in the center, parent/guardian/caretaker will be notified to pick up the client.
**Nausea/Vomiting**

If the client experience vomiting while in the center, the parent/guardian/caretaker will be notified to pick up the client immediately. If parent/guardian/caretaker is not available to pick client up when they are called, please arrange for someone on the client’s emergency contact list to pick up the client. ABA Interactive LLC is not authorized to release the client to any individuals not listed in the emergency contact. The client must not return to the center until 24 hours has passed with no vomiting episodes.

**Diarrheal**

If the client has loose stool, they must remain at home and may return back to the center after 24 hours with no diarrhea episodes. If the client is at the center and has 2 or more diarrhea episodes within 2 hours, the parent/guardian/caretaker will be notified to make arrangements to have the client picked up. If parent/guardian/caretaker are not able to come as soon as you are called, please arrange for someone on the client’s emergency contact list to pick up the client. ABA Interactive, LLC is not authorized to release the client to any individuals not listed in the emergency contact. This will eliminate the chance of other clients and the center being contaminated.

**Client Bill of Rights and Responsibilities**

*Section 448.701, Texas Statues*, addresses the Patient’s Bill of Rights and Responsibilities. The purpose of this section is to promote the interests and wellbeing of patients and to promote better communication between the patient and the health care provider. Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider’s or health care facility’s right to expect certain behavior on the part of patients. A full text of this is available upon request. A summary of your rights and responsibilities follows:

A patient has the right to:

- Be treated with courtesy and respect, with appreciation of his or her dignity, and with protection of privacy.
- Receive a prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for his or her care.
- Know what patient support services are available, including if an interpreter is available if the patient does not speak English.
- Know what rules and regulations apply to his or her conduct.
- Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis.
• Refuse any treatment, except as otherwise provided by law.
• Be given full information and necessary counseling on the availability of known financial resources for care.
• Know whether the health care provider or facility accepts the Medicare assignment rate, if the patient is covered by Medicare.
• Receive prior to treatment, a reasonable estimate of charges for medical care.
• Receive a copy of an understandable itemized bill and, if requested, to have the charges explained.
• Receive medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.
• Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
• Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such research.
• Express complaints regarding any violation of his or her rights.

A Client is responsible for:

• Giving the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications, and any other information about his or her health.
• Reporting unexpected changes in his or her condition to the health care provider.
• Reporting to the health care provider whether he or she understands a planned course of action and what is expected of him or her.
• Following the treatment plan recommended by the health care provider.
• Keeping appointments and, when unable to do so, notifying the health care provider or facility.
• His or her actions if treatment is refused or if the patient does not follow the health care provider’s instructions.
• Making sure financial responsibilities are carried out.
• Following health care facility conduct rules and regulations.

Grievance Policy

Situations may occur where a difference of opinion, dispute, or controversy between a client or family/caregiver or client representative and ABA Interactive LLC., concerning any aspect of services or the application of policies or procedures.

What is a Grievance? A grievance is a complaint about something you do not like or feel that something is unfair
• A grievance should be first communicated to the Clinical Director or Administrator by calling the office: (817)-849-5802 or (214)-903-9116.
• The complaint will be discussed and investigated verbally and in writing. It is of the upmost importance to resolve the grievance to the client’s satisfaction. Response to the client regarding the complaint will occur within ten (10) days of receipt.
• If the client feels his/her grievance has not been resolved after working with ABA Interactive LLC Behavioral services personnel, he/she will be informed of his/her right to notify the state agencies via the respective toll-free telephone numbers.
• Complaints and any action taken will be documented on a complaint form.
• Corrective action will be specified and related to the complaint.
• Resolution information will be communicated in writing to the client or his/her representative filing the complaint.
• All complaints from clients who believe their privacy rights have been violated will be forwarded for review to the designated organization personnel or office specified in the organization’s Notice of Privacy Practices.
• All complaints will be logged, tracked, trended, and filed in the performance improvement office.

If you have any questions about our grievance process, please contact our office.

Abuse Reporting Policy

Abuse is defined as any willful act or threatened act that causes or is likely to cause significant impairment to a vulnerable adult or child’s physical/mental or emotional health

Neglect is defined as the failure or omission on the part of the caregiver to provide the care, supervision and services necessary to maintain the physical and mental health of the vulnerable adult, or child including but not limited to: food, clothing, medicine, shelter, supervision and medical services that a prudent person would consider essential for the well-being of a a vulnerable adult or child. The term neglect also means the family of a caregiver to make a reasonable effort to protect a vulnerable adult of child abuse, neglect or exploitation by others. Neglect is repeated conduct or a single incident of carelessness, which produces or could reasonably be expected to result in serious physical or psychological injury or substantial risk of death.

Exploitation is defined as but not limited to breaches of fiduciary relationships, such as the misuse of a power of attorney or the abuse of guardianship duties, relating in the unauthorized appropriate, sale or transfer or property, unauthorized taking of personal assets, misappropriation, misuse or transfer of money or belongings to a vulnerable adult from a personal or joint account, or intentional or negligent failure to effectively use a
vulnerable adult’s income and assets for the necessities requires for that person’s support and maintenance.

**Texas statute 448.703 prohibits** abuse of individuals who are developmentally disabled. Any employee who is found to have willfully abused any participant is subject to immediate dismissal and legal action may be taken against him/her.

I understand that the Department of Children and Families requires providers to immediately report any cases of alleged abuse/neglect/exploitation to the Abuse Registry as mandated in Chapter 448.703 of the Texas Statutes. Allegations of abuse, neglect or exploitation must be reported as an incident to the Department of Children and Families Developmental Disabilities Program Office,

I will provide training on abuse, neglect and exploitation to individuals receiving services and/or their guardians annually and provide them with the abuse registry number. Any person served by me has the right to report abusive practices.

The Abuse number will be conspicuously located at each phone and I will facilitate reporting should an individual wish to place a call to the abuse registry.

**The toll abuse reporting number is:**

1-800-96-ABUSE or 1-800-962-2873

**Non-Discrimination Policy**

It is the policy of ABA Interactive Behavioral Health to provide services to all persons without regard to race, color, sex, national origin, handicap or age. The same requirements are applied to all and there is no distinction in eligibility for, or in the manner of providing services. All services are available without distinction to all participants regardless of race, color, sex, national origin, handicap or age. All persons and organizations contacting us to refer persons for services or to recommend our services are advised to do so without regard to the person’s race, color, sex, national origin, handicap or age.

**Confidentiality Statement**

ABA Interactive LLC Behavioral Health is committed to the appropriate protection of confidential information and enforces its Confidentiality and Privacy of Information Policy. Several staff members have access to various forms of sensitive, confidential, and medical information, which is maintained to serve clients, health care providers, ABA Interactive LLC Behavioral Health and third-party payors, in accordance with legal, accrediting and regulatory requirements. Registry policy prohibits the unauthorized seeking, disclosing or giving of such information, including confidential information.
contained in clients’ records, except on a need-to-know basis, to consulting physicians, health care professionals and employees who may be providing client service and to third party payors to facilitate reimbursement. The operations, activities, business affairs and finances of the Registry shall also be kept confidential and shall only be discussed or made available to authorized persons.

**Outcomes Measurement System**

The services provided by ABA Interactive LLC Behavioral Health promote self-sufficiency and productivity. In order to determine if services are being provided in the defined manner, an outcome measurement system has been established for the service outcomes of each service.

Data on each service outcome will be collected. Results of data are reviewed to ensure that service outcome percentages are being met. If data indicates that service outcomes are not at the required minimum percentage, a plan of action will be implemented. Data will be made available for review at the time of annual monitoring to the Department as requested and to recipients of services if requested.

**Policy on Transporting Clients**

ABA Interactive LLC Behavioral Health does not provide transportation services. However, there are time when ABA Interactive LLC will be sponsoring community outing and other activities that involves transporting the client. Therefore, at no moment should a client be transported inside the private vehicle of any ABA Interactive LLC employee or independent contractor without prior permission. In case of an accident, ABA Interactive LLC, will not liable. Services are strictly to be provided in the client’s home or in the center and in the community when prior permission has been obtained. If you need more information about this policy, please contact our office.

**Procedures for Handling Crisis Behavior**

ABA Interactive strives to prevent and de-escalate crisis behaviors whenever possible. However, prevention and/or de-escalation may not always be possible or effective and the use of physical management may be required to maintain safety. QBS Safety Care Physical Management Procedures are illustrated below. Please indicate what procedures you are comfortable with ABA Interactive using with the client. You may consent to all, some, or none of these procedures. If you decline consent for the use of these procedures, you must consent to one of two other options. The client may be transitioned into a “Calm Down Room”, equipped with padded walls, padded floors, and under constant surveillance until calm behavior is exhibited. Or ABA Interactive will call the client’s parent/guardian to come pick them up.
I give ABA Interactive consent to use the following procedures to handle crisis behavior(s): Please circle one of the following options

1. I give consent for ABA Interactive to use the QBS Physical Management Procedures I have checked above. *(I understand that putting restrictions on QBS Physical Management Procedures used by ABA Interactive during crisis behavior may result in property damage(s) caused by the client. I fully accept responsibility for damage caused by the client during crisis behavior)*

2. I give consent for ABA Interactive to transition the client to the Calm Down Room. *(I understand that putting restrictions on QBS Physical Management Procedures used by ABA Interactive during crisis behavior may result in property damage(s) caused by the client. I fully accept responsibility for damage caused by the client during crisis behavior)*

3. I give ABA Interactive consent to call me (parent/guardian) to pick up the client. I understand that if ABA Interactive cannot reach me at that time, I give consent for ABA Interactive to call persons listed in the client’s emergency contact list. I understand that if no authorized person is able to come pick up the client, then I give ABA Interactive consent to call 911 after waiting 30 minutes.

I give consent for ABA Interactive to utilize the procedure(s) indicated above during the client’s crisis behavior. *(I understand that putting restrictions on QBS Physical Management Procedures used by ABA Interactive during crisis behavior may result in property damage(s) caused by the client. I fully accept responsibility for damage caused by the client during crisis behavior)*

Parent/Guardian
Name: ________________________________

Parent/Guardian
Signature: ________________________________

Date: ________________________________