



## 2021-2022 Therapeutic Program Application

Ages 5 years old-adult

**Application Deadline: August 10<sup>th</sup>**

**NEW APPLICANT:** PLEASE COMPLETE THE APPLICATION IN FULL, INCLUDING ALL RELEVANT REPORTS, PARENT LETTER AND OTHER DOCUMENTS TO HELP US BEST UNDERSTAND APPLICANTS STRENGTH AND CHALLENGES. WE UTILIZE ALL RELEVANT INFORMATION TO DETERMINE GROUP PLACEMENT SO PLEASE MAKE SURE TO INCLUDE ADDITIONAL REPORTING, IF AVAILABLE. POLICIES MUST BE RE-SUBMITTED EACH FALL SESSION.

**CURRENT APPLICANT (FALL 2020-SUMMER 2021):** PLEASE COMPLETE PAGES 4-10. ALSO INCLUDE ANY RECENTLY UPDATED REPORTS/INFORMATION. UPDATED INFORMATION IS HELPFUL IN MEETING THE MOST RECENT NEEDS OF THE APPLICANT. POLICIES MUST BE RE-SUBMITTED EACH FALL SESSION. ALSO PLEASE READ PAGES 3 AND 4 AS SOME INFORMATION MAY HAVE CHANGED.

**PLEASE PROVIDE ADDITIONAL MEDICAL OR EDUCATIONAL DOCUMENTS (IEP, 504, TRIENNIEL, ETC.).**  
**WE USE ALL OF THIS INFORMATION TO DETERMINE PLACEMENT.**

Name of Applicant: \_\_\_\_\_

Gender Identified as: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2021: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Where did you hear about Growing Social? \_\_\_\_\_

Medical Diagnosis, if applicable: \_\_\_\_\_

School District/Program: \_\_\_\_\_

Special Education Services: Yes \_\_\_ No \_\_\_ Currently in process of determining eligibility \_\_\_

*\*\*If yes, please provide educational reports and documentation related to student's educational/social difficulties.*

Current Services: OT \_\_\_ Speech \_\_\_ Resource \_\_\_ 1:1 Aide \_\_\_ SDC Class \_\_\_

Other services/therapies: \_\_\_\_\_

Does your child have allergies or special diet? (Please be aware that there are bees on the farm): \_\_\_\_\_

What are your current concerns about your child's performance at school? (Use back of form for additional space)

\_\_\_\_\_

What are your current concerns about your child's performance at home? \_\_\_\_\_

\_\_\_\_\_

If someone were to observe your child at school during lunch or recess, what would they observe? (If homeschooling, please describe how your child does in less structured settings around same aged peers).

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How do you think your child’s classmates would likely describe your child?

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Please describe, in detail, any behavioral challenges, especially behaviors that may impact on-site learning.

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Is there a behavioral plan in place?	Yes	No
Is there an assistant (aide) during their school?	Yes	No
If yes, is it for full time or part time support and for what purpose?		

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**Please write a brief letter describing your child.**

Including the information listed below will help to obtain a more complete picture of your child and help find an appropriate group placement.

**Please include:**

- Your student’s strengths and challenges related to functioning in the social world
- Describe their interactions with peers
- Describe their awareness of their challenges (e.g., Are they aware of how others perceive them, do they think that they are perceived as “different” from their peers?)
- How motivated are they to talk about their challenges and work towards strengthening their skills?
- How well do they understand that their actions and words affect others?
- How do they respond to every-day problems such as changes in the schedule, peer conflicts, etc.?
- What are some of their strengths and interests? What motivates your student?

**Please include the following. These reports are extremely helpful in better understanding your child’s needs as it relates to group placement.**

- Any diagnostic reports or updates
- A copy of the latest IEP or school evaluations (if applicable)
- Any outside therapy reports (OT, PT or SLP)

**Please also include:** A recent picture of your child, and if convenient, a brief video clip such as on a flash drive or emailed to [info@growingsocial.org](mailto:info@growingsocial.org)

# Growing Social Information

## COVID GUIDELINES

Please note, we will be carefully observing all COVID related guidelines/regulations. In-person outdoor groups are available, however, we may shift to Zoom, or to a hybrid model, depending on current guidelines/regulations. We are flexible in our service deliver model while remaining committed to ensuring that students and families continue receiving stellar services and support.

## THERAPEUTIC SERVICE RATES

### Growing Social Therapy Rates-Onsite/In- Person

#### Group Rate

\$130 per person for a 90-minute session

\$120 per person for a 60-minute session

#### Individual Rate

\$125 per hour

Please note the rates do not change based on the number of students in a group. Groups may range from 2-5 students

### Growing Social Therapy Rates- Online/Teletherapy

#### Group Rate

\$125 per hour, per student

#### Individual Rate

\$130.00 per hour

### School Based Social Learning Sessions

\$130 per hour, per student, plus travel time billed at 100.00/hr. Additional delivery service formats to be discussed with school teams to identify an appropriate rate.

### Educational Consultations or Observations (attending IEPs, goal and report writing, phone consultations, etc.)

\$175.00 per hour, plus travel time billed at 100.00/hr.

### School or Parent Trainings

\$250.00 per hour, plus travel time billed at 100/hr.

Please note that we (Stephanie and Amy), have provided services for students of all ages for many years, in a variety of capacities (direct service, consultation and professional/parent national trainings). Our experience and knowledge of students with social learning differences is unique and highly specialized. Our role in supporting our students is dynamic and can be useful in collaboration with school teams, educational specialists, medical professionals and caregivers. We believe in a collaborative, team approach in working with students and welcome any opportunities (IEP meetings, student study team meetings, family trainings, medical assessment debriefs, etc.) to share and receive information about the student. An Exchange of Information form is included in this packet. Please list any professionals that may be contacted to share information regarding the student.

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## DEPOSIT:

A \$250.00 deposit is due with completed application packet. This deposit will be applied to camp sessions (less the \$25 materials fee).

## MAIL PACKET AND \$250.00 DEPOSIT TO:

GROWING SOCIAL  
35 LARKIN VALLEY RD.  
WATSONVILLE, CA 95076

**SCHOOL YEAR PROGRAM:**

The school year program provides weekly or bi-monthly group sessions (2-5 students), in either a 60-minute or 90-minute format. Individual sessions will be conducted virtually unless otherwise scheduled. For specific details about our program and services offered, please refer to our website [www.growingsocial.org](http://www.growingsocial.org).

We will do our absolute best to place returning students, however, this is not a guarantee as there are many variables related to scheduling.

***We ask that all students (including returning students), send in a completed application (modified application for returning students), along with a deposit in order to be considered for the school year program. Please note deadline is AUGUST 10<sup>th</sup>.***

**Important Fall Dates**

Sessions begin: week of September 8th

Closed the week of Thanksgiving

Last day of fall camp: December 18<sup>th</sup>

**Important Winter-Spring Dates**

Sessions begin: week of January 5<sup>th</sup>

Last day of Spring Session: May 28th

**PAYMENT OPTIONS**

Weekly (at the time of service), or upon receipt of monthly invoice. Online payment options are given with the monthly invoice emailed via QuickBooks. Checks can be mailed to: Growing Social 35 Larkin Valley Rd. Watsonville, CA 95076.

**INVOICES**

Invoices will be emailed at the end of each month. Please note a \$25 per month late fee may be applied to accounts 30 days or more past due. Please note that services may be suspended if payments are more than 2 months overdue.

PLEASE DIRECT ANY INVOICING/INSURANCE QUESTIONS TO AMY MILLER @ miller.amyc85@gmail.com

**INSURANCE**

PLEASE RETAIN ALL INVOICES FOR INSURANCE PURPOSES AS THERE MAY BE AN ADMINISTRATIVE FEE OF \$25.00 TO PROVIDE ADDITIONAL COPIES. IF YOU KNOW THAT YOU WILL BE SEEKING INSURANCE REIMBURSEMENT, PLEASE LET US KNOW SO THAT INVOICES ARE CODED FOR INSURANCE PURPOSES. (PLEASE NOTE, TO INCLUDE A DIAGNOSTIC CODE, WE **MUST HAVE** A DIAGNOSTIC REPORT ON FILE).

**SCHOLARSHIPS**

Scholarships are awarded as funds are available and sliding scale options may be available, please contact us for details.

**ABSENCE POLICY**

Students will have one excused absence for the fall session, and one excused absence for the Winter-Spring session. This includes clients receiving teletherapy services. All other absences will be billed at the regular rate. We highly encourage attendance in sessions as the curriculum often builds on concepts from week to week and we are unable to schedule make up sessions.

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

Or

Adult Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

## Applicant Availability Form

Name of Applicant: \_\_\_\_\_

Gender identified as: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 2021) \_\_\_\_\_

Services Requested (please check all that apply)

Onsite group sessions, weekly       Onsite group sessions, every other week (may or may not be an option depending on interest)

Onsite individual sessions, weekly     Online individual sessions, weekly     Online individual, every other week.

Either group or individual sessions

**PLEASE INDICATE AS MUCH AVAILABILITY AS POSSIBLE.**

**THIS WILL HELP PROVIDE MORE OPPORTUNITIES FOR PLACEMENT.**

SESSION TIMES	Wednesday	Thursday	Friday	Saturday
10:00 am				
11:00 am				
12:00 pm				
1:00 pm				
2:00 pm				
3:00 pm				
4:00 pm				

Are there any other scheduling considerations you'd like us to keep in mind?

\_\_\_\_\_

## Growing Social Permission Form

*To be completed for applicants under 18 years of age*

### **PERMISSION FOR COMMUNITY OUTINGS (applicable for students 10-17 years old):**

(Check one)  I give or  I do not give permission

for my son or daughter \_\_\_\_\_ to walk in the community and/or use public transportation as needed during camp sessions with Growing Social (Amy Miller, Stephanie Madrigal or another employee of Growing Social).

Please note any special considerations for community outings:

### **PERMISSION TO USE VIDEO OR PICTURED IMAGE & AUDIO for THERAPEUTIC AND OR MARKETING PURPOSES**

(Check one)  I give or  I do not give my permission for "Growing Social" (Amy Miller, Stephanie Madrigal or other employee of "Growing Social") to use pictures of my child for therapeutic or training purposes (presentations, teacher trainings, etc.) as well as promotional materials (website, brochures, social media, etc.).

(Check one)  I give or  I do not give my permission for "Growing Social" (Amy Miller, Stephanie Madrigal or other employee of "Growing Social") to use pictures of my child for therapeutic or training purposes (presentations, teacher trainings, etc.) as well as promotional materials (website, brochures, social media, etc.)

(Check)  I give my permission for "Growing Social" (Amy Miller, Stephanie Madrigal or other employee of "Growing Social") to use the video, picture or audio recording of my child for therapeutic purposes only.

\_\_\_\_\_ *Please initial that you understand that other teachers/professionals may, from time to time, observe your child's session for their own training purposes. All information is kept confidential.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

# Teletherapy Consent Form

**Please sign if applying for online therapeutic sessions.**

*The American Speech-Language-Hearing Association (ASHA) defines “telepractice” as “the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation.” The type of therapy is also approved by the California and Arizona licensing board.*

Teletherapy may be used as the primary means of service delivery or may be used in combination with in-person services.

I \_\_\_\_\_ hereby consent to engage in teletherapy with Growing Social. I understand that teletherapy includes treatment using interactive audio and video. I understand that teletherapy also involves the communication of my medical information both orally or visually.

I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Growing Social, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. Growing Social may use Zoom, Doxy.me or GoToMeeting and under limited circumstances, Facetime or Skype to provide services.

Absences from these sessions will follow the outlined Growing Social policy; one excused absence and other absences billed at the regular rate. An attempt may be made to reschedule a session however, this is not always possible given the complexity of schedules.

We have determined that teletherapy is an appropriate primary mode of therapy for this client or have the need to shift out of in-person sessions due to COVID-19 regulations and orders, temporarily. If teletherapy is not deemed as effective, you will be notified and referred back to in-person treatment or other options will be discussed with you at that time. In some cases, a parent may be asked to be present during the sessions to assist with a client’s focus or completion of a supervised activity. A brief 10-minute parent wrap will also be conducted at the end of most sessions, when appropriate.

I have read, understand and agree to the information provided above.

Applicant Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Or

Signature of Adult Applicant: \_\_\_\_\_

# Exchange of Information

Client Name: \_\_\_\_\_

Parent Name, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

I give permission to Growing Social (Amy Miller, Stephanie Madrigal or other employee of Growing Social), to share information with the following professionals.

Professional's Name	Title	Telephone Number

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Or

Adult Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_



# Waiver, Release and Assumption of Risk Agreement

## Applicant Under 18 Years of Age

I, the parent or legal guardian of \_\_\_\_\_, consent to allow my child to participate in Growing Social at Larkin Valley Farm or other sites, during 2021-2022.

### Release

I hereby waive and release any claims that my child or I may have, or which may hereafter accrue to me or my child, against Association, its officers, directors, employees, agents, assigns and representatives and volunteers (collectively "Company") for personal injury, including death, as well as all property damage or loss, arising out of my/my child's participation in this program. Additionally, I agree to hold Company harmless from, and indemnify Company against, any such claims.

### Assumption of Risk

On behalf of myself or my child, I assume the risks of and accept personal liability for any personal injuries or property damage that might occur as a result of participating in this program.

### Behavioral Agreement

By participating in this program, my child is expected to follow the rules at Larkin Valley Farm and on field trips/outings.

I HAVE CAREFULLY READ THE ABOVE WAIVER, RELEASE, AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN GROWING SOCIAL AND MYSELF AND SIGN IT VOLUNTARILY.

Student's Name: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## Applicant Over 18 years Of Age

### Release

I hereby waive and release any claims that I may have, or which may hereafter accrue to me, against Association, its officers, directors, employees, agents, assigns and representatives and volunteers (collectively "Company") for personal injury, including death, as well as all property damage or loss, arising out of my participation in this program. Additionally, I agree to hold Growing Social harmless from, and indemnify Growing Social against, any such claims.

### Assumption of Risk

On behalf of myself, I assume the risks of and accept personal liability for any personal injuries or property damage that might occur as a result of participating in this program.

I HAVE CAREFULLY READ THE ABOVE WAIVER, RELEASE, AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN GROWING SOCIAL AND MYSELF AND SIGN IT VOLUNTARILY.

Adult Name: \_\_\_\_\_

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Client Health History

Does the applicant have any health conditions requiring medication, treatment, special restriction or consideration while attending sessions?

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\_\_\_\_ Please initial to indicate you are aware that camp staff or any employee of Growing Social is unable to administer any medications.

Covid Vaccination \_\_\_\_ Yes \_\_\_\_ No

If applicable, please provide a record of immunizations, including date of last tetanus shot:

Date of last tetanus shot: \_\_\_\_\_

Please list any allergies to medications

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Please list any food allergies or food sensitivities

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\_\_\_\_ Please check if the applicant is allergic to bees and that they will have their epi-pen at each session

Are there any special considerations we should know about if attending in person sessions on the farm?

\_\_\_\_ (Please initial, mandatory for participation) I grant Growing Social permission to seek emergency medical treatment if medically necessary for this applicant

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Or

Adult Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone number to call in case of an emergency \_\_\_\_\_

Relation to applicant \_\_\_\_\_