



2023-2024 Therapeutic Program Application

Ages 5 years-adult

Application Deadline: August 10th

A \$300.00 deposit is due with a completed application packet for both new and returning students

NEW APPLICANT: PLEASE COMPLETE THE APPLICATION IN FULL, INCLUDING ALL RELEVANT REPORTS, PARENT LETTER AND OTHER DOCUMENTS TO HELP US BEST UNDERSTAND THE APPLICANTS STRENGTH AND CHALLENGES. WE UTILIZE ALL RELEVANT INFORMATION TO DETERMINE GROUP PLACEMENT. POLICIES MUST BE RE-SUBMITTED EACH YEAR.

CURRENT APPLICANT (FALL 2022-SUMMER 2023): 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 AND DEPOSITS MUST BE RE-SUBMITTED EACH YEAR.** ALSO, PLEASE READ PAGES 3 AND 4 AS SOME INFORMATION MAY HAVE CHANGED.

Name of Applicant: _____

Gender Identified as: _____ Date of Birth: _____ Age: _____ Grade in Fall 2023: _____

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 a special diet? (Please be aware that there are often 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).

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

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

Is there a behavioral plan in place? Yes No

Is there an assistant (aide) during their school day? Yes No

If yes, is the aide for full time or part time support, and for what purpose?

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. The video clip could include your child answering a few open-ended questions. These videos can be great additional information in finding an appropriate group.

Growing Social Information

THERAPEUTIC SERVICE RATES

Growing Social Therapy Rates (In-Person and Teletherapy)

Group Rate

\$135 per person for a 90-minute session

\$125 per person for a 60-minute session

Individual Rate

\$140.00 per hour

Please note the rates do not change based on the number of students in a group. Groups may range from 2-6 students

School Based Social Learning Sessions

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

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 training). 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.

DEPOSIT:

A \$300.00 deposit is due with a completed application packet for new and returning students. This deposit will be applied to camp sessions (less the \$30 materials fee) once the student is placed in a group. If an appropriate group is not available, the deposit check will be shredded.

MAIL PACKET AND \$300.00 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 (2-6 students), in either a 60-minute or 90-minute format. Individual sessions will be conducted virtually unless otherwise scheduled. For additional details about our program, methodologies and services offered, please refer to our website 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 the deadline is AUGUST 9th.

Important Fall Dates

Sessions begin: Saturday, August 26th

Closed the week of Thanksgiving (including Saturday sessions)

Last day of fall camp: December 16th

Important Winter-Spring Dates

Sessions begin: January 6th

Last day of Spring Session: June 1st

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 \$40.00 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 2023) _____

Services Requested (please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Onsite <i>group</i> sessions, weekly | <input type="checkbox"/> Onsite group sessions, every other week |
| <input type="checkbox"/> Onsite <i>individual</i> sessions, weekly | <input type="checkbox"/> Online individual sessions, weekly |
| <input type="checkbox"/> Online individual, every other week. | <input type="checkbox"/> Either group or individual sessions |

PLEASE INDICATE AS MUCH AVAILABILITY AS POSSIBLE.

THIS WILL HELP PROVIDE MORE OPPORTUNITIES FOR PLACEMENT.

SESSION TIMES	Wednesday (on-site services only)	Thursday (on-site and online services)	Friday (on-site and online services)	Saturday (on-site services only)
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 would 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 child, _____ 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 2023-2024.

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: _____

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?

____ 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

Please list any food allergies or food sensitivities

____ Please check if the applicant is allergic to bees and that they will have their epi-pen at each session (as of 7/2023 there are no bees currently at the "farm")

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 _____