



Patient Intake Packet

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Dear Caregiver/Guardian,

We want to formally welcome you to LifeWorks ABA Services. We are grateful and excited to work with you and yours, and are committed to providing compassionate, ethical, and evidenced-based ABA services at a high level.

Applied Behavior Analysis—ABA—is a treatment that is often prescribed for individuals with autism spectrum disorder. As well, ABA is a behavioral science that can be applied to those with intellectual disabilities, developmental disabilities, and numerous other cognitive differences. The strategies and procedures used in ABA are, most importantly, *evidence-based* and *individualized*.

ABA services at LifeWorks will be programmed in accordance with the client’s values and personal preferences at the forefront. Personal choice, safety, and bodily autonomy are key aspects of the practice of ABA at LifeWorks. In the end, we want to empower our clients to live the lives they want to live, to fulfill goals that are line with their values, and to feel connected to the community around them.

LifeWorks/Employment Solutions Mission Statement

Promotion of Personal Independence

LifeWorks/Employment Solutions will support and empower the client’s self-determination through informed-decision making, education, training, and advocacy. LifeWorks/Employment Solutions encourages, supports, and assists people to remain connected with their natural support networks. Promotion of compassion, dignity and respect for each person and their right to equitable treatment is an important and essential part of the mission of LifeWorks/Employment Solutions.

LifeWorks/Employment Solutions will advocate for and actively educate participants about their right to person-centered team meetings and choice in their individualized services. Person-centered team meetings put an emphasis on community inclusion as an opportunity for employment and personal growth. All services delivered are person-centered and are designed with respect to client’s personal identity, including but not limited to age, physical ability, ethnicity, gender expression/identity, sexual orientation, immigration status, relationship status, national origin, race, religion, values, and socioeconomic status.

LifeWorks/Employment Solutions services are focused on individualized care with respect to bodily autonomy. Services do not include the use of mechanical or manual restraint, forced seclusion, or the use of chemical restraint (medications not prescribed by a qualified medical professional). Informed consent and assent is always obtained and acknowledged with all services provided.

LifeWorks/Employment Solutions shall ensure that participants receive person-centered services, designed and focused on the needs, goals, and values of the client and their respective stakeholders. Service providers strive to maximize client potential and ensure that all services rendered to participants

are conceptually consistent with the principles of behavior, evidenced-based, safe, healthful, and foster rapport-building, dignity, and respect.

An Overview of ABA Services at LifeWorks

Thank you for your interest in our ABA services at LifeWorks. Below you will find a breakdown of our ABA services and the intake process.

CampusKids

Campus Kids Early Learning Center is a licensed child care center in Lexington, Kentucky, offering daytime and evening services for children from the age of 8 weeks through 12 years old.

Campus Kids (CK) offers referrals and resources for families in need and participates in a subsidized childcare program. CK has partnered with Community Action, following the Head Start and Early Head Start programs and standards. CK has a partnership with Community Action, which offers on-site assessments and screenings, educational and developmental milestone monitoring, dental services, and eye/ear screenings, as well as mental health services to children and their families and referrals to outside providers. Children enrolled in Community Action are provided with crucial supplies such as diapers, pull-ups, and wipes. All kids under the age of 3 can enroll in Community Action based on income and or disabilities, and services are at no cost to the families.

Instructors at Campus Kids have completed formal early childhood education training and possess Child Development Associate (CDA) Credentials. Children at Campus Kids participate in educational and recreational activities focused on school readiness and developmental milestones: arts and crafts, sensory play, reading, math, science, fine- and gross-motor skills, outdoor play, social skills, and more. The Campus Kids center has two playgrounds on-site and access to a larger playground for older children. A brand-new inclusive covered playground has been added, and the Community Action playground equipment is also set to be remodeled.

Applied Behavioral Analysis (ABA) Services in the Campus Kids Setting

Campus Kids offers integrated Applied Behavioral Analysis (ABA) services for children with Autism Spectrum Disorder and other developmental differences in an inclusive mainstream early-learner setting through LifeWorks Therapies. Children enrolled in the ABA program may also receive services in the community and home environments as well.

Each child enrolled in ABA therapy through Campus Kids is assigned a licensed Board-Certified Behavior Analyst (BCBA) and is provided direct, individualized care by a Registered Behavior Technician (RBT). Therapy is integrated and based upon the target areas outlined in their individualized ABA treatment plan. BCBA's collaborate with other service providers and medical professionals to ensure comprehensive ABA services that take into account the individual needs

of the client. Behavior plans are developed based on the child's level of functioning and individualized needs. Typical target areas include, and are not limited to: functional communication, social skills, self-help/care, coping skills, and daily living skills. Caregiver training is also an important aspect of the ABA experience at Campus Kids and is incorporated into each behavior plan.

Campus Kids offers a sensory room and calm-down safe space for de-escalation and emotion regulation. The Campus Kids space also offers a private room for clients who need to work independent of the group setting. The ABA classroom is used to promote generalization and practice classroom behaviors, social skills, and group play. Natural Environment Teaching (teaching within their mainstream classroom with peers) is also a valued aspect of the Campus Kids experience.

Applied Behavior Analysis (ABA) Intervention Services

LifeWorks provides Board Certified Behavior Analysts (BCBAs) to provide evidence- and data-based treatment rooted in the principles of applied behavioral analysis. BCBAs identify individualized and socially-significant goals in support of skill acquisition and assist with challenging behaviors in the clinic setting, home, and community. As well, BCBAs oversee the client's therapy programming, consult with caregivers, stakeholders, and collaborate with other service providers to ensure progress and a high quality of individualized care. LifeWorks ensures that all BCBAs are current with their certification and maintain their continuing education unit requirements (CEUs) to maintain certification with the Behavior Analyst Certification Board.

Behavior Technicians (BTs) are responsible for direct implementation of ABA therapy and work under close supervision by the BCBA. Registered Behavior Technicians (RBTs) are behavior technicians who have completed 40 hours of standardized ABA training, passed an ABA competency assessment directed by a BCBA, and passed the BACB RBT exam. BTs and RBTs do not make treatment decisions and do not develop or alter treatment plans.

All decision-making and the direction the client's ABA therapy takes is focused on data, which is collected and analyzed during every session.

Behavior Support Services

Person-centered care plans where a behavior support specialist (BSS) collaborates with the client and their stakeholders to create a behavior plan designed to empower skill acquisition, personal growth, and inclusion in the community. Behavior Supports is provided via the Michelle P. Waiver and the Supports for Community Living.

Psychiatric Consultation & Medication Management

LifeWorks offers a psychiatry clinic on the first, third and last Wednesday of each month, providing an opportunity for collaboration between a board certified psychiatrist (Dr. Steven Croley), the caregivers, the board certified behavior analyst, and relevant person-centered team

members. Psychiatric needs are assessed and treated through evidence-based psychosocial therapeutic treatments and medication management.

Standard Operating Procedure for ABA Service Delivery

Applied behavior analysis (ABA) is an evidence-based practice for individuals with autism spectrum disorder (ASD) and other developmental disabilities. ABA services are effective across an individual's lifespan (i.e., childhood, adolescence, and adulthood) and are designed with compassion, empowerment, and client dignity in mind.

A Board Certified Behavior Analyst will get to know the client and their family and gather information on their individualized needs. Next, the Behavior Analyst will complete a Functional Assessment and write a Behavior Intervention Plan, which identifies the socially-significant and person-centered goals for the client.

With the plan in place, Registered Behavior Technicians work with the individual and their family to carry out interventions as they occur in their typical settings and schedule. Providing services across various settings is a crucial component to the effectiveness of ABA therapy.

The Behavior Analyst will continually monitor, modify plans/interventions as needed, supervise, and provide ongoing family/caregiver training and support.

For young children with developmental disabilities such as ASD, comprehensive, intensive, and individualized interventions focus on a variety of skills: cognitive, language, social, and self-help, to name just a few.

For adolescents and adults, ABA focuses on behaviors essential to effective functioning in the home, school, and community settings. ABA services also advocate for the individual and their rights, and help address severe problem behaviors that may endanger health and safety and limit educational, residential, or vocational options. LifeWorks is currently credentialed with many insurance plans.

The shape and form ABA sessions vary from child to child. As each plan is individualized, sessions will be formulated depending on the client's age, diagnoses, skill set, physical ability, severity of challenging behaviors, treatment goals, cultural considerations, and service locations.

ABA sessions will also vary in regard to the degree to which the instruction is child-led or therapist-led. A variety of strategies may be used during sessions: Natural Environment Training (NET), Discrete Trial Training (DTT), and Task Analysis. The Clinical Supervisor will review these procedures in more depth if and when they are introduced with your child.

Interventions and Support Strategies

One of the fundamental pieces of ABA therapy is the **ABC model**:

Antecedents

Anything in the environment that occurs *before* a behavior happens.

Behavior

The activity of all living organisms. But, most importantly, an observable and measurable action. The term may feel or sound negative, but it is anything people do: eating, laughing, scratching an itch.

Consequences

Though this ABA term may *sound* negative, consequences are simply the events that follow the occurrence of a behavior. Consequences—think of them as *outcomes*—may be positive or negative: If you slam a door in a library, everybody, startled, may take notice; if you politely hand a librarian a returned book, they may say, “thank you.”

Along with functional assessments and interviews, the ABC model is a vital piece to help paint a picture of a target behavior and begin the formation of a treatment plan. Essentially, the ABC model maps out a pattern behavior and allows clinicians to gain a better understanding of the behavior as a pattern.

The ABA Process includes the following steps:

- A BCBA will meet the family and gather info needed for a functional assessment and compose an individualized behavior plan for the client.
- A behavior technician will work directly with the client, with supervision and parent training provided by the BCBA.
- The BCBA will continue to monitor client progress and modify plans as needed. Continual support and training for the caregivers is a vital part of the process.

There are many strategies BCBA's use to shape behavior and help clients acquire skills. Here are a few important interventions:

Token Economy

This can be effective for clients who want to acquire a positive behavior or reduce a challenging behavior. Clients earn “tokens” (stickers, points, etc.) as an immediate consequence for engaging (or not engaging) in a behavior. Tokens are exchanged for the client’s preferred reinforcer.

Negative and Positive Reinforcement

Reinforcement keeps us going. It’s the food we love, the shows we like to watch, the things we like to buy. Everyone needs reinforcement! In ABA therapy, reinforcement is used to increase the likelihood of a behavior occurring. A *negative reinforcer* allows a client a break or escape from a situation or demand (paid vacation, for example). A *positive reinforcer* is the addition of something the client really likes after a behavior occurs (a paycheck, for example).

Functional Communication

Often, early learners with autism struggle with simply communicating their needs. Teaching the client to communicate their needs to the people around them is vital to ABA therapy. Teaching communication may require visual supports such as a Picture Exchange System (PECs) or it may require simply modeling appropriate language. Every client has individual communicative needs, and one of the goals of ABA is to ensure that—no matter how the client is able to communicate—their needs are heard.

Positive Redirection

Positive redirection involves positivity. Clients benefit from getting multiple opportunities to perform a skill or behavior correctly, rather than endure reprimands and denial of access. Positive redirection often goes hand-in-hand with functional communication. If the client engages in a challenging behavior, they may be guided to take another stab at it, and be prompted to use appropriate language—ask for something rather than silently taking it from a peer, for example. And positive redirection involves positive social praise and attention.

Least-to-Most Prompting

Per the ABA lingo, when we respond *independently*, we do not require anyone's help. Prompts are what clinicians use to help clients achieve a specific desired response. Least-to-most prompting suggests that clinicians give the client the opportunity to perform the skill independently, and only step in using the least restrictive guidance. Clinicians may give the client a verbal reminder. If that does not help, the clinician may gesture. Partial- or full-physical guidance may be required. BCBA's incorporate individualized prompting guidelines into their programming based on the client's needs and ability level regarding a specific task.

Visual Supports

These are tangible materials (although some clients respond well to digital versions) that, to name a few examples, present behavioral expectations, breakdowns of complex skills, social stories, and signs or labels to help the client engage in a positive behavior. Visual supports may be faded out according to client's mastery of the skill or behavior.

Client Availability

In the table below, please provide us with a schedule of availability for the client:

Days of the Week	Times of the Day Available	Times of the Day Not Available
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

*Please consult your BCBA regarding barriers to your availability during regular business hours.

I attest that _____ will be available for ABA services as indicated by the schedule of availability above for the next 6 months. To ensure that my child experiences consistent and high quality ABA treatment, I agree to refrain from making changes to the provided schedule that may disrupt or significantly alter the availability of ABA services, which may negatively impact the effectiveness of ABA services and the behavior plan.

I attest and understand that the intensity of services recommended for the client will be provided to me upon completion of the assessment and the treatment plan. I acknowledge that I may need to modify the client’s availability commensurate with the recommended treatment intensity (e.g., adjusting the client’s availability pending treatment intensity recommendations). Intensity of treatment is dependent on the treatment goals, specific needs, and the client’s responses to treatment. I understand that intensity of treatment is reviewed every six months and outlined within the treatment plan.

I attest that, as caregiver, I will be available at least 2 times a month to meet with the client’s BCBA for caregiver consultation and individualized training on the treatment objectives. I understand that my participation will help encourage generalization and maintenance of client skills and is critical to securing the best possible outcomes.

I acknowledge that if I make schedule changes that negatively affect LifeWorks’s ability to provide ABA services as agreed upon, LifeWorks may terminate services and/or refrain from starting services. Clients may then be referred to a provider that can best fit the needs of the client and their stakeholders.

Parent/Guardian/Caregiver Signature

Date

Parent/Guardian/Caregiver Signature

Date

ABA Clinical Services Intake Form

Individual Completing this Form

Name: _____

Please indicate relationship to the client: Parent Guardian Other: _____

Are you authorized to consent for this individual's healthcare? No Yes

Child Name: (First/Last) _____ Middle Initial: _____

Date of Birth: _____ Age _____ Gender: M F

Parent/Guardian # 1: _____

Parent/Guardian # 2: _____

Parent/Guardian Marital Status: Married Divorced Single Child Lives with: _____

Siblings (Indicate age of siblings): _____

Languages Spoken in the Home: _____

Pets in the Home: _____

Residential Address: _____

City: _____ State: _____ Zip: _____

Telephone and E-mail Addresses:

Parent/Guardian # 1 Primary Phone: _____

Parent/Guardian # 2 Primary Phone: _____

Parent/Guardian # 1 Email address: _____

Parent/Guardian # 2 Email address: _____

Emergency Contact Name and Phone number: _____

Relationship: _____

General Health Information:

Child's Primary Care Physician: _____

Physician's Phone: _____

Primary diagnosis: _____ Diagnosis given by: _____

Secondary diagnosis: _____ Diagnosis given by: _____

Please list any allergies: _____

Medical History:

Major Illness or Injury: _____

Hospitalization and/or surgery: _____

Additional diagnoses: _____

Allergies: _____

Safety Concerns: _____

Sleep Concerns: _____

Eating Concerns: _____

Medication

List current Medications and Dosages:

Medication: _____ . Dosage: _____
 Medication: _____ . Dosage: _____
 Medication: _____ . Dosage: _____
 Medication: _____ . Dosage: _____

Previous Evaluations/Assessments

Please list any school testing and/ or other evaluations of the client’s skills.

Has the client ever been assessed/evaluated by an Occupational Therapist, Speech and Language Therapist, Psychiatrist, Psychologist, Special Educator, or other mental health counselor?

No Yes Unknown

If yes, please provide the following information:

A. Name: _____ Type of Specialist _____ Date of evaluation: _____
 Purpose of Evaluation / Services: _____

Results of Evaluation:

B. Name: _____ Type of Specialist _____ Date of evaluation: _____
 Purpose of Evaluation / Services: _____

Results of Evaluation:

C. Name: _____ Type of Specialist _____ Date of evaluation: _____
 Purpose of Evaluation / Services: _____

Results of Evaluation:

School Schedule: _____

Do any of the following apply: IEP 504 Plan IFSP

Name of Teacher: _____ Phone: _____

Program Specialist/Case Manager: _____

Phone Number for Program Specialist/Case Manager: _____

Advocate/Attorney: _____ Phone: _____

Please provide a history of intervention services (dates, service type, and outcome)

Applied Behavior Analysis (ABA): _____ First Time ABA

Early Intervention: _____

Speech Therapy: _____

Occupational Therapy: _____

Physical Therapy: _____

Other: _____

List and describe any additional therapies or treatments currently receiving:

Speech Therapy: _____ Phone: _____

Occupational Therapy : _____ Phone: _____

Physical Therapy: _____ Phone: _____

Other: _____ Phone: _____

Please describe your primary concerns for seeking ABA services:

Client Strengths:

Other Developmental Concerns:

<input type="checkbox"/> Language	<input type="checkbox"/> Behavior	<input type="checkbox"/> Motor Skills

<input type="checkbox"/> Social	<input type="checkbox"/> Executive Functioning (Attention, Flexibility, Organization)	<input type="checkbox"/> Cognitive/Learning

<input type="checkbox"/> Language	<input type="checkbox"/> Play/Leisure	<input type="checkbox"/> Daily Living Skills (Toilet/Dressing, etc.)

<input type="checkbox"/> Diet/Allergies	<input type="checkbox"/> Academics	<input type="checkbox"/> Other
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CLIENT INTERESTS

1. Preferences (favorite activities, food, interests/topics, sensory):

2. Dislikes (aversions):

3. Other:

CULTURAL CONSIDERATIONS

Please describe any significant cultural practices, beliefs, affiliations, and/or traditions that may be important to report prior to engaging in a therapeutic relationship with LifeWorks and CampusKids.

ASSESSMENTS/EVALUATIONS

Check each item that is included in this application. Please include all items that apply:

- Copy of your insurance card (front and back)
- Medical prescription for ABA
- Diagnostic Evaluation Report
- IEP/IFSP/504 Plan
- Functional Behavior Assessment (FBA) /Behavior Intervention Plan (BIP)
- Mental health directives
- Medical advance directives
- Powers of attorney
- Discharge summaries and/or evaluations from any and all inpatient/outpatient services within the last 5 years
- Least restrictive alternative orders
- Other: _____

COORDINATION OF CARE

- Primary care provider: _____ Contact: _____
- School teacher: _____ Contact: _____
- Speech-Language Pathologist: _____ Contact: _____
- Occupational Therapist: _____ Contact: _____

Other: _____ Contact: _____

Other: _____ Contact: _____

CURRENT MEDICATIONS

Medication	Dosage	Reason

SUPPLEMENTAL INFORMATION

Has the client or any family member been court ordered to mental health or chemical dependency treatment?

Yes No

If you answered *yes*, please provide details and a copy of the court documents:

Is the client or any family member under department of corrections supervision?

Yes No

If you answered *yes*, please provide details:

Does the client and/or any family member have a history of substance abuse?

Yes No

If you answered **yes**, please provide details:

Does the client and/or family member have a history of pathological gambling?

Yes No

If you answered **yes**, please provide details:

Has the client been identified to be at risk of harm to self and/or others, including suicide and/or homicide?

Yes No

If you answered **yes**, please provide details:

Does the client have any history of trauma or abuse?

Yes No

If you answered **yes**, please provide details:



SIGNATURE and ACKNOWLEDGEMENT

Parent/Guardian Signature: _____ **Date:** _____

I hereby certify that the above statements are true and correct to the best of my knowledge and understand all information in this packet will become part of the patient’s clinical file.

Parent/Guardian Name: _____

BCBA/Supervisor Signature: _____ **Date:** _____

By signing, I hereby confirm that I have reviewed with the parent/guardian the information set forth in this document and understand all information in this packet will become part of the patient’s clinical file.

BCBA/Supervisor Name: _____

BCBA Certificate #: _____

DOH Counselor Agency Affiliate License #: _____



Informed Consent for Services and Fee Contract

I, the undersigned, hereby apply for the services of Lifeworks. (If you are applying on behalf of a minor, please write their name and your relationship to the client on the line below).

Name of Client

Relationship to Applicant

I understand that Lifeworks services will be provided by a Board Certified and Licensed Behavior Analyst and Registered Behavior Technicians under the supervision of a Board Certified Behavior Analyst. I give my consent for assessment, treatment recommendations, training and education, treatment by protocol, and other sessions with Lifeworks staff members to be observed and/or recorded (audio and/or video) by Lifeworks and understand that such recordings will be held in the strictest confidence.

I understand the information in my files, including assessment data, demographic data, and treatment-related data, could be used for outcome assessment and research purposes. I further understand that any identifying information will be removed from my records prior to such use.

I understand that information about my case will not be disclosed by Lifeworks staff to any person or agency without my written consent except in the following circumstances:

1. The staff member has reason to believe that I posed a danger to myself or others,
2. The staff member has reason to believe there is evidence of child abuse, spousal abuse, or other adult abuse,
3. Lifeworks materials are subpoenaed under court order.

Finally, I **give my consent** **do not give my consent** (please check one box)

for Lifeworks to contact me by written communication and/or telephone following the termination of services to evaluate the quality of the services provided by Lifeworks.

Signature of Client (or Guardian where applicable)

Date



Life Works/Employment Solutions Releases of Information (Annual)

Client: _____ **Date:** _____

Permission for Treatment/Services/Supports

I give permission to the staff of Employment Solutions/Life Works to render treatment/services/support to the above client.

Initials

Emergency Release

I authorize the staff of Employment Solutions/LifeWorks to provide First Aid and CPR if necessary. I understand that staff have been trained in First Aid and CPR by the American Red Cross. I also authorize Employment Solutions/LifeWorks to arrange for emergency medical treatment by medical personnel if necessary.

Initials

Transportation Release

I authorize Employment Solutions/LifeWorks to provide transportation to the above client including transportation in vehicles owned/operated by provider staff/contractors. I understand staff/contractors of Employment Solutions/LifeWorks are required to be in possession of vehicles equipped with working seatbelts. Staff/contractors are required to maintain a valid driver's license and retain automobile insurance to cover passengers.

Initials

Photo Release

I authorize Employment Solutions/Life Works to use my photograph in newsletters and various promotional, educational or any other purposes. I understand that I will be informed in advance and have the option to participate at that time.

Initials

Check one: **Yes** **No**

Information Sharing

I authorize the sharing of information between agencies/service providers who are members of my interdisciplinary team, those responsible for providing appropriate services as specified by me. I understand that communication between agencies/service providers is done only in my best interest, to pursue maximum benefit from the program.

Initials

Consent to Bill, Assignment of Benefits, and Payment

I authorize Employment Solutions/LifeWorks to file a claim with my insurance carrier for services rendered. I authorize Employment Solutions' payment of benefits directly to Employment Solutions, for services provided to my dependent or me. I understand that I am responsible for any part of the charges that are not covered/paid by my insurance, and I will be billed directly for those services.

Initials

Limits to Confidentiality (APPLICABLE TO THERAPY SERVICE PARTICIPANTS ONLY)

I understand that information about my case will not be disclosed to any person outside of my authorized individuals without my written consent, except in the following circumstances: 1) there is reason to believe that the client or family members pose a danger to self or others, 2) there is reason to believe that there is evidence of child abuse or other adult abuse or neglect, 3) a specific threat has been made towards a specific member of the community, and 4) members from Employment Solutions/Life Works are subpoenaed under court order to release any and all documents associated with the participant's file. If I am receiving services from a clinician whose license is under supervision, their supervisor will have access to the client file for supervisory purposes only.

Initials

Grievance Procedure

The grievance procedure for Employment Solutions/Life Works has been reported to me. It is: If you have a complaint about the way personnel policies for Employment Solutions/Life Works are used by your work manager or other staff, you may make a complaint to any staff member. If you want help making your complaint, you may call the Bluegrass Regional MH-MR Board @253-1686 or have someone call for you, to ask for an advocate. You may also contact the Department of Vocational Rehabilitation,

Protection and Advocacy, or any other agency to assist you at any time during the process. You, an advocate, if you choose to have one, must first discuss your complaint with your case manager, supervisor or whomever you are complaining about. If that person cannot resolve your complaint to your satisfaction, you may file a written complaint, which is called a grievance. Please note that you may ask for the help of the advocate at any time during this process. You can start the complaint process on your own and then later ask for assistance.

Step 1: You should file a written grievance; about the problem you could not resolve, within five (5) working days after you talked with the person involved with your problem. That person must give you a written answer within three (3) working days after receiving your written grievance. He/She must describe how he/she will correct the problem you have written about or he/she must deny the grievance.

Step 2: If you do not agree with his/her decision, you should file your written grievance an additional time with the next level of supervision. You must take this step within five (5) working days after the last person responded to you. That level supervisor must give you a written answer within three (3) working days after receiving your written grievance. They must either tell you how the situation will be corrected or must deny your grievance. (This step is repeated through the levels of management to the CEO).

Step 3: If you do not agree with the decision to this point, you should file a written grievance with the CEO of Employment Solutions/Life Works. You must take this step within five (5) working days after the last supervisor has given you a decision. The CEO must give you a written answer within five (5) working days after receiving your written grievance. The CEO must either tell you how the problem will be corrected or must deny your grievance.

Step 4: If you do not agree with the decision made by the CEO, you should submit a written grievance to the Board President of Employment Solutions/Life Works. You must file such a grievance within five (5) working days after receiving the CEO's response. The President of the Board will give you a written response within two weeks after receiving your written grievance.

Step 5: Following step 4, or at any step in the process, you may choose to file a grievance with the Department of Vocational Rehabilitation, the Bluegrass Regional Mental Health/ Mental Retardation, the Department for the Blind, Protection & Advocacy, and office of the Ombudsman or the appropriate school system if you are a client of one of those agencies. Employment Solutions/Life Works will assist you in contacting and making complaints with any and all appropriate unities via phone calls, writing letter or email or meeting in person.

Initials

I understand that these releases are good for a year and must be reviewed annually.

Client

Initials

Date

Expires

Guardian

Initials

Date

Expires



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	Security code:
Cardholder ZIP Code (from credit card billing address):	
Security code on the back of card:	
Email and phone number of cardholder:	

I, _____, authorize Employment Solutions to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.
