



WISCONSIN EARLY AUTISM PROJECT, INC.

Madison Corporate Office and Clinic

1210 Fourier Drive, Suite 100
Madison, WI 53717
(608) 662-9327 ~ Fax (608) 662-9041
e-mail: weap@wiautism.com

Glen O. Sallows, Ph.D., President

Tamlynn Graupner, M.S., CEO

Michelle Sherman, M.S.W., Director of Clinical Services

Dear Parent and/or Guardian,

The paperwork below is pertaining to the social skills and/or speech group that you are signing your child up to attend in the Winter, 2012. Please make sure to also call me to register your child, as space is limited.

These papers need to be filled out completely prior to your child starting the first social skills class at the Madison WEAP clinic. Your child will not be able to start unless the papers have been turned in. If your child has attended the classes before, we still need new paperwork filled out so that we have the most up-to-date information regarding your child.

Forms can be mailed back to the Madison WEAP Clinic (attention Kristina Rauls), dropped off, or turned in on the first day of classes.

Please feel free to contact me with any further questions.

Thank You,

Kristina Rauls

ADMINISTRATIVE ASSISTANT
WISCONSIN EARLY AUTISM PROJECT
1210 FOURIER DRIVE, SUITE 100
MADISON, WI 53717
(608) 662.9327 (PH)
(608) 662.9041 (FX)
KRAULS@WIAUTISM.COM

weap

wiscnsin early autism project

Social Skills Classes Winter Session 2012

Come Join us for Lots of Fun & Friendship!

Classes start the week of January 16th, 2012!

Speech Group: Speech Adventures

Age Group: 3-6 year olds

Class Facilitator: Amy Goike, Senior Therapist

Supervised and designed by Dana Bohrer, SLP

Thursdays, 11:15 -12:45pm

16 classes total starting Jan 19th

\$50 p/class - \$800 p/session

Social Skills: Kangaroo Troop

Age Group: 3-4 year olds

Class Facilitator: Andrea, Whalen, Clinical Supervisor

Wednesdays, 12:30 - 2:00pm

16 classes total starting Jan 18th

\$30 p/class - \$480 p/session

Social Skills: Dolphin Pod

Age Group: 5-6 year olds

Class Facilitator: Stephanie Wille, Adv. Senior

Wednesdays, 4:00-5:30pm

16 classes total starting Jan 18th

\$30 p/class - \$480 p/session

Social Skills: Lion Pride

Age Group 7-9 year olds

Class Facilitator: Stephanie Wille, Adv. Senior

Thursdays, 4:00-5:30pm

16 classes total starting Jan 19th

\$30 p/class - \$480 p/session

Social Skills: Wolf Pack

Age Group: 10-12 year olds

Class Facilitator: Amy Goike, Senior Therapist

Tuesdays, 4:00-5:30pm

16 classes total starting Jan 17th

\$30 p/class - \$480 p/session

Social Skills: Teen Group

Age Group: 13-17 year olds

Class Facilitators: Matt Sargeant, Adv. Senior & Dr. Robert Peyton, Clinical Psychologist

Wednesdays 4:00-5:30pm

16 classes total starting Jan 19th

\$30 p/class - \$480 p/session

WEAP is excited to offer new classes for children with ASD! Skills are introduced in a structured, small group setting then generalized to new social settings. Instructional methods include group discussion with visual supports, role-plays, positive practice and video-modeling. Curriculum goals include conversation skills, cooperative play, building friendships, self-regulation, empathy and conflict management. Children are grouped by age and ability. Skills are individualized based on the needs of the group.

Grants may be available:

Friends of Autism

Phone: 920.851.5100

<http://www.friendsofautism.org/family-grant-program.asp>

A.N.G.E.L. Inc.

<http://www.angelautismnetwork.org/>

Please complete and mail or drop off the following forms to the address below by **Friday, January 6th, 2012:**

Wisconsin Early Autism Project

Attn: Kristina Rauls

1210 Fourier Dr. Suite 100

Madison, WI 53717

Participant's Name: _____ Name of Class: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Age & Date of Birth: _____

Allergies/medications or important medical information: _____

Physician Name: _____ Phone _____

Clinic Location/Address: _____

Hospital Location/Address: _____ Phone: _____

Parent's Name: _____ E-mail Address: _____

Parent's Phone Numbers: _____

Alternate Emergency Contact: _____

Alternate Phone Number: _____

☺ FIRST TIME PARTICIPANTS IN OUR PROGRAM:

Social Skills Classes are available for individuals with Autism between the ages of 4 and 16. Classes are held weekly at the Madison clinic. If your child has not been seen by a clinician and/or doctor at our clinic, it is **required** that you call our Administrative Assistant, Kristina Rauls at (608) 662.9327 for further steps and information.

This is my acknowledgement and receipt of WEAP's Notice of Privacy Practices, Contract and Informed Consent, and Client Rights.

Parent Signature: _____

Date: _____



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The Winter 2012 Speech Group and Social Skills classes will begin the week of January 16th, 2012. The Social Skills Groups include 16 classes at \$30 per class/\$480 per session. The Speech Adventures Group will also be 16 classes in length at \$50 per class/\$800 per session. Please complete the form below, if interested, and return to the Administrative Assistant, Kristina Rauls by the first class. Payment can be made by check or credit card. Children who are in the post intensive phase of the waiver can talk to their county worker about being reimbursed for the class. In this case WEAP will bill the county. Any payment the county will not cover will be billed to the family.

We will continue to run classes each semester. Children can join any session as long as payment is received by the first class of the session (or we have been informed that we are billing the county).

I am interested in enrolling my child in the social skills class starting January 16th, 2012. I have enclosed my payment.

I am interested in enrolling my child in the social skills class starting January 16th, 2012. Please charge my credit card for the session (billing form attached).

I am interested in enrolling my child in the social skills class starting January 16th, 2012. Please bill me monthly.

My child is in the post intensive phase of the waiver and I am interested in having it billed to the waiver. I have contacted my county case worker to inform him/her that my child will be attending class. County Case Worker's Name

My child is non-intensive and I am interested in having it billed to my insurance.

Parent's Name Phone (H) (C)

Child's Name

Amount Paid:

Client Name:

Apply to WEAP Account Number(s):

Credit Card: Visa MasterCard

Card Number: Expiration Date:

Name on Credit Card: Verification Code: (3 digit code on back of card)

Cardholder Signature: Date:

This authorizes WEAP to charge my credit card.



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BILLING CONSENT

I have read the following billing procedure and understand that I will be personally responsible for my child's social skills classes. WEAP will not be billing these classes to my child's Waiver funds unless it has been approved by my county worker in advance. WEAP will bill \$30.00 per social skills class **and/or** \$50.00 per Speech Adventures class.

WEAP accepts MasterCard or Visa for payments. If I have a billing question or concern, I can call Kim Schutt-Chardon at the Madison office (608.662.9327 x227).

Parent Name (please print)

Parent Signature

Date



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Summary of the Notice of Privacy Practices

Please refer to the notice form for a complete description of the privacy practices summarized below

What Health Information Is

Whenever a WEAP provider treats you, health information is created. Health information may be written (e.g. an entry into the data book or a treatment plan), spoken (discussion amongst therapists and/doctors), or electronic (bills saved into computer)

WEAP: An Organization which Handles Health Information

The Wisconsin Early Autism Project has several facilities throughout Wisconsin. Each clinic follows the same privacy practices when handling your health information

The Law Permits WEAP Providers to Use or Disclose Health Information for These Routine Activities:

- For Treatment
For Payment
For Health Care Operations
For Appointment Reminders/Communications

Other Examples of Permitted Uses and Disclosures of Health Information:

- Uses and disclosures permitted or required by law
Some research activities
Some marketing activities
Public health activities

Activities You Can Object To

In many circumstances, you may have the right to object before we disclose certain information

Activities That Require Your Written Permission (Authorization)

If WEAP needs to use or disclose your health information for other purposes, we must first receive your written authorization.

Your Patient Privacy Rights

You have the right to....

- Request how we contact you
Inspect, and receive a copy of, your medical and billing records
Request corrections to your medical and billing records
Receive an accounting (list) of certain disclosures
Receive a paper copy of WEAP's Notice of Privacy Practices. You can get a current Notice form at any WEAP clinic
Request restrictions on uses and Disclosures of your health information. (We may not be able to grant requests beyond what the law requires)

Please call Tamlynn Graupner at 608.662.9327 if you have any questions or concerns.

WEAP Treatment Contract and Informed Consent

CLASSES

The Wisconsin Early Autism Project, Inc. (according to Wisconsin Statute sec. 51.61 (1) and HFS 94, Wisconsin Administrative Code) wants you to be aware of your rights as a client and asks for your informed consent to receive therapy.

You have been provided with and made aware of your Client Rights, A summary of Notice of Privacy Practices (HIPAA), and an outline of WEAP's grievance procedure. In addition, a poster of Client Rights is located in each WEAP Clinic Reception area.

- I hereby authorize the participation of my child in classes provided by the Wisconsin Early Autism Project, Inc., under the supervision of Dr. Glen Sallows, Ph.D.
- Reports and all other records pertaining to my child will be kept confidentially on file at the Wisconsin Early Autism Project, Inc. Clinic. I understand that no information that directly identifies my child or me will be released without my expressed written consent separate from this document, and that all identifying information will be protected to the limits allowed by law.
- I understand that employees of WEAP are required to identify and report all Critical Incidents. Critical Incidents include but are not limited to: physical and/or sexual abuse, forced medication, harassment, neglect, isolation, restraint, failure to provide food, clothing or care, misappropriation of a client's money or property, injuries of unknown origin, unexpected hospital admissions, errors in medical treatment, damage to client property, client suicide attempt, unexpected client absence and client death.
- I understand that I may contact Dr. Sallows at 608-662-9327 should I have questions or am unhappy about the services I am receiving.
- I understand that I may withdraw my informed consent at any time and that I must make this request in writing.
- My Informed Consent is given for one year (12 months) from date of signature.
- I understand that WEAP assumes no liability.

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CLIENT RIGHTS

When you receive any type of service for mental illness, alcoholism, drug abuse, or a developmental disability, you have the following rights under Wisconsin Statute sec., 51.61 (1) and JFS 94, Wisconsin Administrative Code.

PERSONAL RIGHTS

- You and your child must be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse.
- You and your child have the right to have staff make fair and reasonable decisions about your child's treatment and care.
- Neither you nor your child may be treated unfairly because of your race, national origin, sex, age, religion, disability or sexual orientation.
- Your child may not be filmed, taped or photographed unless you agree to it.

TREATMENT AND RELATED RIGHTS

- Your child must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for him/her.
- You must be allowed to participate in the planning of your child's treatment and care.
- You must be informed of your child's treatment and care, including alternatives to and possible side effects of treatment, including medications.
- No treatment or medication may be given to your child without your written, informed consent, unless it is needed in an emergency to prevent serious physical harm to him/her or others, or a court orders it.
- Your child may not be given unnecessary or excessive medication.
- Your child may not be subject to experimental research without your written informed consent.
- You must be informed in writing of any costs of your child's care and treatment for which you or your relatives may have to pay.
- Your child must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program, within the limits of available funding.

RECORD PRIVACY AND ACCESS

Under Wisconsin Statute sec. 51.30 and HFS 92, Wisconsin Administrative Code:

- Your child's treatment information must be kept private (confidential), unless the law permits disclosure.
- Your child's records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your child's records. You must be shown any records about his/her physical health or medications. Staff may limit how much you may see of the rest of your treatment records while you are receiving services. You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process.
- After discharge, you may see your child's entire treatment record if you ask to do so.
- If you believe something in your child's records is wrong, you may challenge its accuracy. If staff will not change the part of your child's record you have challenged, you may file a grievance and/or put your own version in your record.

- A copy of sec. 51.30, Wis. Stats., and/or HSS 92, Wisconsin Administrative Code, is available upon request.

GRIEVANCE PROCEDURE AND RIGHT OF ACCESS TO COURTS

- Before treatment is begun, WEAP must inform you of your rights and how to use the grievance process. A copy of WEAP's Grievance Procedure is available upon request.
- If you feel your rights have been violated, you may file a grievance.
- You may not be threatened or penalized in any way for presenting your concerns informally by talking with staff, or formally by filing a grievance.
- You may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated.

GRIEVANCE RESOLUTION STAGES

Informal Discussion

- You are encouraged to first talk with your child's Senior Therapist about any concerns you have. If you are unable to resolve your concerns, you may then ask to be referred to your child's Clinic Supervisor or Doctor. You may, at any time, contact Dr. Sallows or Tamlynn Graupner, with any concerns.

Grievance Investigation - Formal Inquiry

- If you want to formally file a grievance, you should do so within 45 days of the time you become aware of the problem. WEAP's Administrator or your child's doctor may, for good cause, grant an extension beyond the 45-day time limit.
- WEAP's Client Rights Specialist (CRS) will investigate your grievance and attempt to resolve it.
- Unless the grievance is resolved informally, the CRS will write a report within 30 days from the date you filed the formal grievance. You will get a copy of the report.
- If you and your child's doctor agree with the CRS's report and recommendations, the recommendations shall be put into effect within an agreed upon time frame.
- You may file as many grievances as you want. However, the CRS will usually only work on one at a time. The CRS may ask you to rank them in order of importance.

Final Decision

- If the grievance is not resolved by the CRS's report, either Dr. Sallows or your child's doctor shall prepare a written decision within 10 days of receipt of the CRS's report. You will be given a copy of the decision.

WEAP's has identified the following person as Client Rights Specialist:

Tamlynn Graupner, M.S., CEO
Wisconsin Early Autism Project
1210 Fourier Drive Suite 100
Madison, WI 53717
(608) 662-9327
tsallows@wiautism.com

NOTE: There are additional rights within sec. 51.61 (1) and HFS 94, Wisconsin Administrative Code. They are not mentioned here because they are more applicable to in-patient and residential treatment facilities. A copy of sec. 51.61 and/or HFS 94 is available upon request. In addition, a poster on Client Bill of Rights is located in each WEAP Clinic reception area.

Parent Skill Checklist

Name _____ Date _____

Child's Name _____ Birth Date _____

Directions: Based on your observations in various situations, rate your child's use of the following skills.

Circle 1 if the child *almost never* uses the skill.

Circle 2 if the child *seldom* uses the skill.

Circle 3 if the child *sometimes* uses the skill.

Circle 4 if the child *often* uses the skill.

Circle 5 if the child *almost always* uses the skill.

	Almost Never	Seldom	Sometimes	Often	Almost Always
1. Does your child listen and understand when you or others talk to him/her?	1	2	3	4	5

Comments:

2. Does your child speak to others in a friendly manner?	1	2	3	4	5
--	---	---	---	---	---

Comments:

3. Does your child use a brave or assertive manner when in a conflict with another child?	1	2	3	4	5
---	---	---	---	---	---

Comments:

4. Does your child say thank you or in another way show thanks when someone does something nice for him/her?	1	2	3	4	5
--	---	---	---	---	---

Comments:

5. Does your child tell you when he/she has done a good job?	1	2	3	4	5
--	---	---	---	---	---

Comments:

6. Does your child ask in a friendly way when he/she needs help?	1	2	3	4	5
--	---	---	---	---	---

Comments:

	<i>Almost Never</i>	<i>Seldom</i>	<i>Sometimes</i>	<i>Often</i>	<i>Almost Always</i>
7. Does your child ask favors of others in an acceptable way?	1	2	3	4	5
Comments:					
8. Does your child ignore other children or situations when it is desirable to ignore them?	1	2	3	4	5
Comments:					
9. Does your child ask questions about something he/she doesn't understand?	1	2	3	4	5
Comments:					
10. Does your child seem to understand and follow directions you give?	1	2	3	4	5
Comments:					
11. Does your child continue to try when something is difficult instead of giving up?	1	2	3	4	5
Comments:					
12. Does your child know when and how to interrupt when he/she needs or wants something?	1	2	3	4	5
Comments:					
13. Does your child acknowledge acquaintances when it is appropriate to do so?	1	2	3	4	5
Comments:					
14. Does your child pay attention to a person's nonverbal language and seem to understand what is being communicated?	1	2	3	4	5
Comments:					

	<i>Almost Never</i>	<i>Seldom</i>	<i>Sometimes</i>	<i>Often</i>	<i>Almost Always</i>
15. Does your child know acceptable ways of joining in an activity with friends or family?	1	2	3	4	5
Comments:					
16. Does your child wait his/her turn when playing a game with others?	1	2	3	4	5
Comments:					
17. Does your child share most materials and toys with his/her friends?	1	2	3	4	5
Comments:					
18. Does your child recognize when someone needs or wants help and offer this help?	1	2	3	4	5
Comments:					
19. Does your child ask other children to play or join in his/her activity?	1	2	3	4	5
Comments:					
20. Does your child play games with friends in a fair manner?	1	2	3	4	5
Comments:					
21. Does your child identify his/her feelings?	1	2	3	4	5
Comments:					
22. Does your child deal with being left out of an activity without losing control or becoming upset?	1	2	3	4	5
Comments:					

	<i>Almost Never</i>	<i>Seldom</i>	<i>Sometimes</i>	<i>Often</i>	<i>Almost Always</i>
23. Does your child talk about his/her problems when upset?	1	2	3	4	5

Comments:

24. Does your child know why he/she is afraid and deal with this fear in an acceptable way (e.g. by talking about it)?	1	2	3	4	5
--	---	---	---	---	---

Comments:

25. Does your child identify how another person seems to be feeling by what the person says?	1	2	3	4	5
--	---	---	---	---	---

Comments:

26. Does your child show that he/she likes someone in an acceptable way?	1	2	3	4	5
--	---	---	---	---	---

Comments:

27. Does your child deal with being teased in acceptable ways?	1	2	3	4	5
--	---	---	---	---	---

Comments:

28. Does your child use acceptable ways to express his/her anger?	1	2	3	4	5
---	---	---	---	---	---

Comments:

29. Does your child accurately assess what is fair and unfair?	1	2	3	4	5
--	---	---	---	---	---

Comments:

30. When a problem occurs, does your child offer alternative, acceptable ways to solve the problem?	1	2	3	4	5
---	---	---	---	---	---

Comments:

31. Does your child accept the consequences of his/her behaviors without becoming angry or upset?	1	2	3	4	5
---	---	---	---	---	---

Comments:

	<i>Almost Never</i>	<i>Seldom</i>	<i>Sometimes</i>	<i>Often</i>	<i>Almost Always</i>
32. Is your child able to relax when tense or upset?	1	2	3	4	5
Comments:					
33. Does your child accept making mistakes without becoming upset?	1	2	3	4	5
Comments:					
34. Does your child admit that he/she has done something wrong when confronted?	1	2	3	4	5
Comments:					
35. Does your child refrain from telling on others about small problems?	1	2	3	4	5
Comments:					
36. Does your child accept losing at a game without becoming upset or angry?	1	2	3	4	5
Comments:					
37. Does your child accept not being first at a game or activity?	1	2	3	4	5
Comments:					
38. Does your child say no in an acceptable way to things he/she doesn't want to do or to things that may get him/her into trouble?	1	2	3	4	5
Comments:					
39. Does your child accept being told no without becoming upset?	1	2	3	4	5
Comments:					
40. Does your child choose acceptable activities on his/her own when feeling bored?	1	2	3	4	5
Comments:					