

Helping Hands Center

Application for Enrollment

Identified Child _____ Peer _____ *For office use only* Date Received: _____

Copy of Current IEP (if applicable) Enclosed: ___ Yes ___ No

Child's Full Name: _____ Gender : ___ M ___ F

Child's Birth Date: ___ / ___ / ___

Parent/Guardian Name(s): _____

Child's Home Address: _____
Street City State Zip Code

Home Phone: _____

Parent or Guardian Child Resides With: _____

Mother's Alternate Phone: _____ Father's Alternate Phone: _____

E-mail Address: _____

I am interested in receiving the following services:

___ Speech Therapy ___ Music Therapy ___ Occupational Therapy

___ Psychology Services ___ Evaluation ___ Speech & Music Therapy Social Group,

___ Education Center (select class)

Class Applying for: ___ Pre-School/ Pre- K ___ Kindergarten ___ Intensive Classroom ___ School Age

Please note:

There is a waiting list for all of the above therapies and classes. You will be contacted by a therapist when they have an opening in their schedule or by a Director for class placement. We welcome the chance to answer any questions you may have, however, there is very little information we can provide about the waitlist

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Please share with us some pertinent information about your child, and his or her medical, developmental, behavioral, and educational history. Please feel free to continue statements on the back or to attach additional pages.

Does Your Child Have a Current Diagnosis? ____ Yes ____ No

If Yes, What Is/Are Your Child's Diagnosis? _____

If No, Please Describe Your Child's Needs: _____

Has Your Child Attended School? ____ Yes ____ No

If Yes, What Type of Classroom, What School, What District, and What Duration?

What Goals Do You Expect Helping Hands to Meet During School Year?

Therapy and school services my child is currently receiving: (i.e.; Speech, OT, PT, Music Therapy, ABA, Psychology, etc.)

Type of Service	Service Provider/Company

Child's Strengths (what is he/she good at?):

Child's Deficits (what does he/she have difficulty with?):

Speech/Language/Communication:

Gross Motor Functioning:

Fine Motor Functioning:

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Behaviors (acting out, self-injurious, preservative, etc):

Other Comments:

Funding Source(s) We Want To Utilize:

_____ Self Pay/Private Pay

_____ Autism Scholarship Grant

_____ Family Resources (CTE)

_____ County Allotted Funding

Other Source _____

Thank you for the helpful information you have provided. This will help ensure that the students of Helping Hands will be placed in the best possible environment based on their needs. Helping Hands will contact the first eligible (based on selection criterion) applicants to schedule an interview with all specialists, applicants, and family members when a spot becomes available. Please sign below to ensure that each applicant is thoroughly evaluated.

I _____ affirm that the information I have stated above is
Parent's Name

true to the best of my knowledge. I give the staff and specialists of Helping Hands permission to discuss my child, using the information enclosed with this application, as well as any information from current therapists and teachers.

Parent Signature

Date

Please MAIL Completed Applications and Application Fee To:
Helping Hands
2500 Medary Ave
Columbus, OH 43212
Applications WILL NOT Be Accepted By Fax

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Thank you for your interest in Helping Hands Center!

With this letter we hope to provide you with insight on our enrollment procedure. Helping Hands Center has a wait list for all of our programs so the timing of these steps is unknown. We enroll most of our student in the spring for placement in summer camp or at the beginning of the next school year. If a place becomes available, we will place students during the school term.

If you have not yet taken a tour of our facility please give us a call to schedule. Group tours are offered on Wednesday at 9:30 and we request that tours are for adults only. Our office number is 614-262-7520.

Helping Hands Center offers Speech, Occupational, Physical and Music Therapy to clients that are not enrolled in our Education Center. If you requested multiple therapies and the Education Center on your application, it is possible that openings will occur at different times. An individual therapist will contact you if they have an opening in their schedule, keep in mind they have a fixed schedule and may not be able to accommodate your preferred day and time.

When a spot becomes available in the Education Center you will be contacted by one of our Directors to schedule an assessment. There will be a \$250 fee for the classroom assessment, payable at the time of the appointment. If it is determined that your child is not appropriate for our opening the fee will be returned. The fee will be applied to your first installment payment once a contract is signed. If a spot is offered and refused the assessment fee is non-refundable. At the assessment, we will meet with your child individually to gain a better understanding of his/her abilities; during this time parents will meet with our office manager to discuss our policies and procedures.

Funding

Helping Hands Center is a no-profit private school, our fees range from \$23,000-28,000. The Autism Scholarship is available to all students with a diagnosis on the Autism Spectrum. This Ohio Department of Education Grant is \$20,000. In some instances your local school district may be willing to pay a portion of these fees, however we have only seen this in a few cases. In addition there is no funding available from Medicaid, Waiver or County Funding for school; however these sources can be used for therapy. Helping Hands Center can accept Title XX funding from those that qualify. Helping Hands Center also has financial aid available; however families should plan for a monthly out of pocket expense.