

Bright Horizons Advocacy & Consulting Client Intake Form

Bright Horizons Advocacy & Consulting
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Parent/Guardian Name if Applicable

Client Name

Date of Birth

Preferred Phone Number

Second Phone Number

Mailing Address

Email Address

Who Referred You?

- Friend
- Family
- Physician
- Counselor
- Attorney
- Agency
- School
- Found on my own
- Other

Type of Service Needed:

- Preschool Through High School Educational Advocacy
- College Educational Advocacy
- Employment Related Advocacy
- ADA Related Advocacy

If referred by a professional, please list name and organization

Disability (Check all that apply)

- Attention Deficit Disorder
- Amputation
- Anxiety Disorder
- Asthma/Allergies
- Autism Spectrum Disorder
- Blind/Low Vision
- Bipolar Disorder
- Cancer
- Central Auditory Processing Disorder
- Cerebral Palsy
- Diabetes or Endocrine Disorder
- Down Syndrome
- Depression
- Dysthymic Disorder
- Epilepsy/Seizure Disorder
- Fetal Alcohol Spectrum Disorder
- Fibromyalgia
- Hearing Loss/Deaf
- Immune Disorder
- IQ Below 70
- Learning Disability in Math
- Learning Disability in Reading
- Learning Disability in Writing
- Muscular Dystrophy
- Neurofibromatosis
- Nonverbal Learning Disorder
- Oppositional Defiant Disorder
- Parkinson's
- Post Traumatic Stress Disorder
- Reactive Attachment Disorder
- Rheumatoid Arthritis
- Schizophrenia
- Scoliosis
- Sensory Processing Disorder

Disability Continued

- Short
- Speech/Language Impairment
- Spina Bifida
- Spinal Cord Injury
- Stroke
- Tourette Syndrome
- Traumatic Brain Injury
- Need help pursuing a diagnosis
- Other

Preschool Through Highschool Educational Advocacy

Please complete below if you need school age advocacy, otherwise complete only applicable sections below

School:

District

Grade level

Please list your concerns (check all that apply):

- Existing plan is not being followed
- Work is too easy
- Work is too hard
- Transportation
- Amount or type of therapies provided
- Need for assistive Technology
- Need for an aide
- Discipline/behavior
- Placement
- I have difficulty communicating with the school
- Transition Services
- Evaluation
- I'm familiar with the process but would like some support
- I need help understanding the child's disability
- I feel the school doesn't understand the child's disability

What type of plan does the student have?

- IEP
- 504
- Service Plan (private schools)
- None, would like the student to have one

Have you filed a complaint regarding these issues?

- Yes
- No

Have you consulted with an attorney?

- Yes
- No

If yes, please list the name of the attorney

Please Describe your Concerns:

A large, empty rectangular box with a thin black border, intended for the user to describe their concerns. The box occupies most of the page below the text prompt.

College Level Advocacy

Please complete the page below if you need college level advocacy, otherwise, complete only applicable sections further down

Name of College or University

Are you registered with disability support services at your college?

Yes

No

Please list your concerns (check all that apply)

I am new to college, and would like someone to accompany me to meet with disability services

I need help getting accommodations I need approved

I need advice on how to communicate with my instructors about my disability

Other

Please describe your concerns

Employment/Vocational Advocacy

Please complete below if you need employment advocacy, otherwise, complete only applicable sections further down

Are you currently employed?

- Yes
- No

Do you have an open case with the Rehabilitation Services Commission (BVR)?

- Yes
- No

Please list your concerns (check all that apply):

- I don't know what my rights related to my disability are on the job
- I recently lost my job due to my disability
- I am having trouble finding a job
- I need training to be able to get or maintain a job
- I need personal assistance services to be able to get or maintain a job
- I don't think my employer understands my disability
- Other

Please describe your concerns:

Have you filed a complaint?

- Yes
- No

ADA Related Advocacy

Please complete if you need ADA Related Advocacy only, otherwise please complete only applicable sections further down

Please list the organization you feel discriminated based on disability:

Please describe your concern

Have you filed a complaint?

- Yes
- No

Parent/Guardian Name:

Signature:

Bright Horizons Advocacy & Consulting, LLC

Billing Policy & Financial FAQ's

Update as of 3/1/2015

Bright Horizons is committed to providing quality services at affordable rates. We regret having to change our policies, but we will not be able to stay in business without regular customer payments. Bright Horizons now requires all clients to provide us with a payment method at time of intake. We are asking all of our present clients to provide this information as well, in order to continue services.

We know how tough it is to run a household, as we all have our own families and bills, as well as office expenses. We do not have adequate subsidy to cover all of our expenses and therefore we are unable to write off our clients' unpaid bills, or allow clients to pay us on an irregular basis. Please see the Q & A below for more information on our finances. Thank you for your understanding and your prompt payment. We thank you for allowing us to continue to provide all of our clients the best advocacy services we can offer.

Q: Is Bright Horizons a non-profit?

A: No, however we operate under similar guiding principles, including:

1. Our operating budget is less than \$110,000 for 5 staff, plus office expenses. (As a sole proprietor, our manager must cover all expenses before drawing the salary included in this budget.)
2. Our administrative expenses are below 10% of our budget.
3. We have an advisory board of diverse community partners.
4. We offer a sliding fee scale to families in certain areas, and volume discounts.
5. All of our staff are directly involved in client services and operational functions as a team.

Q: What about the grants you receive?

A: We do not receive grants directly. Rather, we have a contract with the United Way and The Ability Center to help subsidize our sliding fee scale. This represents less than 1/3 of our operational budget.

Q: Why isn't Bright Horizons a non-profit?

A: First, applying for non-profit status takes a significant amount of time and money. Secondly, operating as "for-profit" allows us some financial flexibility in allocating costs from month to month that we would not have as a non-profit, which outweighs the fact that we are not tax-exempt, especially in the initial years of our operation when our resources are quite limited. We guarantee that any "profit" we make will go to services.

Q: How can I encourage others to support the advocacy work that Bright Horizons does and to help keep rates reasonable?

A: You and your family and friends can also support the sliding fee scale by shopping with Amazon. You can visit the Unique Kids Store Portal, or buy anything from Amazon through our link. Your purchases are anonymous, and a percentage of the sale helps us maintain reduced service rates. Another way to encourage your family and friends to support our work so that we can keep prices reasonable and offer a sliding fee scale, is by donating to Bright Horizons through the Mocha a Month Club. It is a great way to show your support on a monthly or one time basis. Thanks for considering these options in helping other families. You can learn more about our services by visiting our webpage: www.Brighthorizonsadvcon.com

Billing Policy & Financial FAQ's

Our standard hourly rate is \$75.00, billed in 15 minute increments. The first half hour of phone, email, or in person consultation around the time of intake is free, as is time with our intake specialist clarifying your initial needs and billing preferences. The hourly rate is determined on a sliding fee scale based on where clients live, the adjusted gross household income, as well as current availability of subsidy funds. Income must be verified with either the summary page of the most current tax return or most recent pay stubs and benefit statements. Bright Horizons will deduct unreimbursed, out of pocket disability related expenses for the household before determining hourly rates, if receipts are provided.

Clients who do not wish to provide this information may pay the full hourly rate of \$75 or select a Service Bundle Discount Package. If you select the hourly rate to start, or a smaller package, Bright Horizons will notify you if it appears that a different bundle is more cost effective for you. We will change your monthly billing by applying the amount paid and time used towards a Service Bundle that will expire 12 months after the original Service Bundle date began.

Clients will be provided by email with monthly invoices, showing how many hours have been used. Clients will have the option of paying the invoices in full within 30 days, via cash, check, credit card or Paypal. We are only able to accept electronic checking account payments through Paypal at this time. If the invoice is not paid in full in 30 days, an automatic minimum monthly payment plan will be implemented by Bright Horizons that will charge the payment method on file (credit card or Paypal) for 1 hour at the client's hourly rate, until the balance is paid in full.

Service Bundle Discount Packages (Service Hours valid for 12 months)

<u>Service Hours</u>	<u>Monthly Rate</u>	<u>Hourly Rate</u>	<u>Total Cost</u>	<u>% Discount</u>
5	\$22	\$52.80	\$264.00	30%
12	\$48	\$48.00	\$576.00	36%
16	\$61	\$45.75	\$732.00	39%
24	\$88	\$44.00	\$1056.00	41%

Calculation of Payments

-For example, if a client's sliding fee hourly rate is \$45, and the invoice is for \$135.00, Bright Horizons will charge 3 monthly payments of \$45. Clients may pay in full or request a higher monthly payment at any time.

-Service Bundle Discount Packages can be paid for up front or a client can elect to pay 12 monthly installments starting immediately. If a client needs to switch to a larger bundle before the 12 months is up, the original service date stays the same, and the amount paid and the hours used will be subtracted from the new plan.

-For example, a client signs up for 5 hours at \$22 a month on March 15th, 2015, but six months in, needs 12 hours. The client will have paid \$132. This \$132 will be deducted from the new bundle price of \$576.00. The new charge will be \$444 billed at \$37.00 a month, for 12 payments. The client will have up to 7 hours available until March 14th, 2016.

Sliding Fee Scale

The sliding fee scale is available for clients who live in the following counties:

Lucas, Wood, Ottawa, Defiance, Fulton, Williams, and Henry. This is subject to change depending on the current availability of subsidy funds.

Bright Horizons' sliding fee scale is supported in part through the collaboration of The Ability Center of Greater Toledo and the United Way of Greater Toledo. We appreciate their support!

- | | |
|---|---|
| <input type="checkbox"/> 1 Person - \$0-\$11,770 = \$5/hour | <input type="checkbox"/> 5 People - \$0-\$28,410 = \$5/hour |
| <input type="checkbox"/> 1 Person - \$11,771-\$15,654 = \$10/hour | <input type="checkbox"/> 5 People - \$28,411-\$37,785 = \$10/hour |
| <input type="checkbox"/> 1 Person - \$15,655-\$19,538 = \$20/hour | <input type="checkbox"/> 5 People - \$37,786-\$47,161 = \$20/hour |
| <input type="checkbox"/> 1 Person - \$19,539-\$23,540 = \$30/hour | <input type="checkbox"/> 5 People - \$47,162-\$56,820 = \$30/hour |
| <input type="checkbox"/> 1 Person - \$23,541-\$29,425 = \$45/hour | <input type="checkbox"/> 5 People - \$56,821-\$71,025 = \$45/hour |
| <input type="checkbox"/> 1 Person - \$29,426-\$35,310 = \$60/hour | <input type="checkbox"/> 5 People - \$71,026-\$85,230 = \$60/hour |
| <input type="checkbox"/> 1 Person - > \$35,310 = \$75/hour | <input type="checkbox"/> 5 People - >\$85,230 = \$75/hour |
| <input type="checkbox"/> 2 People - \$0-\$15,930= \$5/hour | <input type="checkbox"/> 6 People - \$0-\$32,570 = \$5/hour |
| <input type="checkbox"/> 2 People - \$15,931-\$21,187 = \$10/hour | <input type="checkbox"/> 6 people - \$32,571-\$43,318 = \$10/hour |
| <input type="checkbox"/> 2 People - \$21,188-\$26,444 = \$20/hour | <input type="checkbox"/> 6 People - \$43,319-\$54,066 = \$20/hour |
| <input type="checkbox"/> 2 People - \$26,445-\$31,860 = \$30/hour | <input type="checkbox"/> 6 People - \$54,067-\$65,140 = \$30/hour |
| <input type="checkbox"/> 2 People - \$31,861-\$39,825 = \$45/hour | <input type="checkbox"/> 6 People - \$65,141-\$81,425 = \$45/hour |
| <input type="checkbox"/> 2 People - \$39,826-\$47,790 = \$60/hour | <input type="checkbox"/> 6 People - \$81,426-\$97,710 = \$60/hour |
| <input type="checkbox"/> 2 People - >\$47,790 = \$75/hour | <input type="checkbox"/> 6 People - >\$97,710 = \$75/hour |
| <input type="checkbox"/> 3 People - \$0-\$20,090 = \$5/hour | <input type="checkbox"/> 7 People - <\$36,730 = \$5/Hour |
| <input type="checkbox"/> 3 People - \$20,091-\$26,720 = \$10/hour | <input type="checkbox"/> 7 People - \$36,731-\$48,851 = \$10/Hour |
| <input type="checkbox"/> 3 People - \$26,721-\$33,349 = \$20/hour | <input type="checkbox"/> 7 People - \$48,852-\$60,972 = \$20/Hour |
| <input type="checkbox"/> 3 People - \$33,350-\$40,180 = \$30/hour | <input type="checkbox"/> 7 People - \$60,973-\$73,460 = \$30/Hour |
| <input type="checkbox"/> 3 People - \$40,181-\$50,225 = \$45/hour | <input type="checkbox"/> 7 People - \$73,461-\$91,825 = \$40/Hour |
| <input type="checkbox"/> 3 People - \$50,226-\$60,270 = \$60/hour | <input type="checkbox"/> 7 People - \$91,826-\$110,190 = \$60/Hour |
| <input type="checkbox"/> 3 People - >\$60,270 = \$75/hour | <input type="checkbox"/> 7 People - >\$110,190 = \$75/Hour |
| <input type="checkbox"/> 4 People - \$0-\$24,250 = \$5/hour | <input type="checkbox"/> 8 People - <\$40,890 = \$5/Hour |
| <input type="checkbox"/> 4 People - \$24,251-\$32,253 = \$10/hour | <input type="checkbox"/> 8 People - \$40,891-\$54,384 = \$10/Hour |
| <input type="checkbox"/> 4 People - \$32,254-\$40,255 = \$20/hour | <input type="checkbox"/> 8 People - \$54,385-\$67,877 = \$20/Hour |
| <input type="checkbox"/> 4 People - \$40,256-\$48,500 = \$30/hour | <input type="checkbox"/> 8 People - \$67,878-\$81,780 = \$30/Hour |
| <input type="checkbox"/> 4 People - \$48,501-\$60,625 = \$45/hour | <input type="checkbox"/> 8 People - \$81,781-\$102,225 = \$45/Hour |
| <input type="checkbox"/> 4 People - \$60,626-\$72,750 = \$60/hour | <input type="checkbox"/> 8 People - \$102,226-\$122,670 = \$60/Hour |
| <input type="checkbox"/> 4 People - >\$72,750 = \$75/hour | <input type="checkbox"/> 8 People - >\$122,670 = \$75/Hour |

Third Party Payments

Bright Horizons also accepts payment from third party agencies if you are eligible for financial assistance through an agency such as your county Board of Developmental Disabilities, Wraparound, or County Mental Health Board. To use third party billing, you must provide Bright Horizons with verification from the agency that you have funds available at time of intake. Depending on the number of hours of service you need per year (our customer average is 5), allowing us to bill a third party may significantly reduce, or even eliminate, out of pocket costs to you.

Bright Horizons Advocacy & Consulting, LLC Confidential Payment Method

Please select the hourly billing rate options for which you qualify. Type or print information in the underlined area.

There are people in my household, located in county with an income of which will be an hourly rate of

For third party funding, please provide the following:

I qualify for third party agency funds from

My caseworker is

I authorize Bright Horizons to use my available funds up to

- OR:
- I live outside of the sliding fee scale counties and my rate will be \$75/hour
 - I do not qualify for the sliding fee scale, or do not wish to share my income and my rate will be \$75/hour
 - I choose the following service bundle hours for a 12 month period:

Thank you for selecting your payment plan, signing the form, and returning electronically. Please complete either the Debit or Credit Card or the Paypal Authorization form on the next page.

Signature

Payment Method Debit or Credit Card Authorization Form

Please complete the Debit or Credit Card information section below, sign the form and return electronically. All requested information is required. We will automatically bill your debit or credit card the amount indicated by Bright Horizons billing policy. You may choose from an automatic monthly payment plan or pay your balance in full. We will email you monthly receipts for your records. You may cancel this automatic monthly payment plan at any time by paying the remaining balance in full. Thank you for your payment.

Client Name

Cardholder Name

Email Address

Address

Phone Number

Payment Information

I authorize Bright Horizons Advocacy & Consulting, LLC to automatically charge my debit or credit card for the following.

Please pay my balance in full each month

Please charge my automatic recurring monthly amount of

(Minimum = monthly Service Bundle Discount rate or hourly service rate of 1 hour till \$0 balance)

Date of month to charge account

- Card Type
- Mastercard
 - Visa
 - American Express
 - Discover

Card Number

Expiration Date

Security Code
(3 digits on back)

Signature

Paypal Payment Information Form

If you wish to pay by electronic check, you must sign up for a free Paypal account and set up your bank account information as your default method of payment.

Please complete the Paypal section below, sign the form and return electronically. All requested information is required. You may either pay your balance in full or choose from an automatic monthly payment plan. You may pay your balance in full by clicking on the Paypal button on your invoice. Or, you may set up your automatic payment plan yourself by selecting the automatic billing option through Paypal on our website <http://brighthorizonsadvcon.com/contact-bhac/billing-fees/> and agreeing to automatically charge your Paypal account the amount indicated by Bright Horizons' billing policy. We will email you monthly receipts for your records. You may cancel this automatic monthly payment plan at any time by paying the remaining balance in full. Thank you for your payment.

Paypal Email (as shown on account)

Client's name

Address

Phone Number

Payment Information

I agree to pay Bright Horizons Advocacy & Consulting, LLC automatically by my Paypal account by one of the following.

I will pay balance in full each month

I will set up an automatic recurring monthly amount of \$

(Minimum = monthly Service Bundle Discount rate or hourly service rate of 1 hour till \$0 balance)

Date of month for payment to be paid

Signature