



Easter Seals Southern Georgia, Inc.

1906 Palmyra Road
Albany, Georgia 31701
229.439.7061
229.435.6278 Fax
1.800.365.4583
www.southerngeorgia.easterseals.com

Date: _____

Child's Name: _____

Dear Parents/Guardians:

Thank you for your interest in the Easter Seals Champions for Children program. After conducting the telephone screening, it was determined that your child is eligible for the Champions for Children program. In order to complete the application process, please submit **all** of the information listed below when you return this application packet. Approval cannot be granted until **all** information is received. Please be sure to sign **all** information as requested. **INCOMPLETE APPLICATION PACKETS WILL BE RETURNED!**

- Application (Entire Package)
- Copy of Individualized Education Plan (IEP) (if in school) or Individualized Family Support Plan (IFSP)
- Copy of Psychological, Medical Records, or letter from physician documenting diagnosis of a disability
- Copy of Current Insurance Card(S)
- Copy or Proof of Katie Beckett Denial

Once we receive your application packet, the Champions Coordinator from your local Easter Seals affiliate will review it within 5-7 business days. Then you will be informed in writing that your application has been approved. After you receive notice that your application has been approved, it is your responsibility to contact the local Champions Coordinator to discuss the goods or services that the Champions for Children program will provide for your child. If you have any questions, please contact me at 229-439-7061 or your local Champions Coordinator at the number listed below. We look forward to serving your child soon.

Sincerely,

Teresa Heard, R.N.
Champions for Children Coordinator

FAMILY INFORMATION:

Total Number of Individuals in Household _____ Total Household Income \$ _____

List names/ages/relationship of family members who live in home with applicant: (Use back of sheet if needed)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Support Network (for example: friend, church, etc.) _____

INFORMATION ABOUT APPLICANT - CHILD NEEDING SERVICES:

Does the Child receive Social Security Income? No Yes If yes, how much? \$ _____

Describe special needs of the Child: _____

Is the Child: Visually Impaired Hearing Impaired Non-Verbal SSI/Disabled None of these

Communication Level: No Impairment Noted Single Words or Gestures American Sign Language
 Utilizes Language Technology

Please detail any **disability related expenses** that affect household income. Example: unpaid medical bills, continued therapy costs that are **not** reimbursed, prescriptions **not** covered by insurance, special formula or food **not** covered by insurance or any other funding source

Other information for consideration of application (includes need for personal transportation or access to transportation):

What services are you interested in receiving from the Champions Program? Please prioritize your requests.

- | | |
|-----------|-----------|
| #1. _____ | #5. _____ |
| #2. _____ | #6. _____ |
| #3. _____ | #7. _____ |
| #4. _____ | #8. _____ |

For diapers, pull-ups: Waist size _____ inches, Weight _____ pounds

REFERRED BY: Check all that apply

- Self Family Physician General Hospital State Hospital School Clergy DFCS
 Law Enforcement Criminal Court Juvenile Justice Access/Crisis Line Parent to Parent
 Other *specify* _____

I have participated in the completion of this application and all information contained in the application is true and correct to the best of my knowledge.

X _____
Parent/Guardian Signature

Date

For Program Use Only

Application Reviewed: Approved Denied

X _____
Champions Coordinator Signature

Date

Easter Seals Champions for Children Service Agreement

_____ (Parent/Guardian) has submitted an application on behalf of _____ (Child) for the Champions for Children services, and Easter Seals (“Provider”), has agreed to provide certain services. This is an agreement between the Parent/Guardian, on behalf of the Child. The child is eligible only if he/she has a disability, is under 21, is residing in the home, and the child does not receive Medicaid or Social Security Income benefits.

Parent/Guardian agrees as follows:

- ◆ Understands and acknowledges that Champions for Children services are provided only in the event that such services are not available or cannot be funded through other programs (including but not limited to Medicaid, Medicare, charitable organizations, etc.)
- ◆ Has provided complete and accurate information to Provider regarding efforts to obtain services through other programs, and regarding Parent’s/Guardian’s financial and other resources and needs. Parent/Guardian represents that no other resources are available for the services requested from the Champions for Children program.
- ◆ Parent/Guardian represents that all money received through Champions for Children services will be used solely for the purpose(s) documented on the Child’s Individual Service Plan. The Parent/Guardian understands and acknowledges that Champions for Children funds cannot be advanced to the Parent/Guardian or to any provider of services under any circumstances.
- ◆ Parent/Guardian understands and acknowledges that he/she must present receipts or other documentation to verify any expenses for which he/she requests payment or reimbursement. Any misrepresentations of expenses or other attempt to misappropriate these funds is strictly prohibited and is subject to legal action.
- ◆ Parent/Guardian understands and acknowledges that any misrepresentation of Child’s needs, resources, efforts to obtain services elsewhere, expenses incurred as part of the Individual Service Plan and any attempt to misappropriate Champions for Children funds will result in immediate discontinuation of services, and the Parent/Guardian will be responsible to pay back any funds received based on such misrepresentation(s) or misappropriation(s).
- ◆ Parent/Guardian understands and acknowledges that any individual providing respite services as part of Champions for Children program must be on the Provider’s “Registry of Approved Respite Providers” prior to providing any respite services. (They cannot be reimbursed for any services provided prior to being placed on the registry.) In order to be placed on the registry, respite service providers must provide the Provider with proof of certification in Cardiopulmonary Resuscitation (CPR) and the respite service provider must have a satisfactorily passed a criminal records background check.

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Service Agreement
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- ◆ Parent/Guardian understands and acknowledges that the Champions for Children services are neither an entitlement nor a grant, and are provided to give families increased and consistent access to healthcare and support services, continued ability to care for children at home, and increase awareness about services offered by nonprofits. The continued need for Champions for Children services will be re-evaluated annually.
- ◆ Parent/Guardian agrees to notify Provider of any changes which may affect the eligibility of the child to continue to receive services, as well as the quality of the services delivered.

Provider agrees as follows:

- ◆ Provider will develop an Individual Support Plan (ISP) for Child. Provider will develop the ISP in consultation with Parent/Guardian via telephone interview.
- ◆ Provider will designate a Champions for Children Coordinator as a single point of contact to work with Parent/Guardian and Child in arranging services.
- ◆ Provider will review the ISP annually at Child's birthday, and at such time as there has been a significant change in Parent's/Guardian's resources or Child's needs.

Both parties agree as follows:

- ◆ This Agreement contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written. This Agreement supercedes any prior written or oral agreements between the parties.
- ◆ This agreement may not be amended or modified except in writing signed by both parties.
- ◆ The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.
- ◆ This Agreement is a required part of the Individual Support Plan; no Champions for Children funds may be expended prior to both parties' signing this Agreement.
- ◆ This Agreement will terminate upon written notice of either party.

X _____
Signature of Parent/Guardian

X _____
Date

X _____
Signature of Champions Coordinator

X _____
Date

EASTER SEALS CHAMPIONS FOR CHILDREN RIGHTS OF PERSONS SERVED FORM

You have joined into an important relationship with Easter Seals. It is with the spirit of teamwork between participant and service provider that the following Rights are presented. Should you need clarification or have a concern about your rights or responsibilities, please contact your program manager.

You Have the Right to

- Considerate and respectful care regardless of gender, race, religion, disability, national origin, sexual orientation, or source of payment.
- Be fully informed, at the time of acceptance into the program, of services and activities available and related charges in an understandable form.
- Know the identity and professional qualifications of individuals providing your services.
- A program which is appropriate to your needs and designed to encourage independence, learning, growth and awareness of ways to develop one's interest and talents, within the context of the facility's resources.
- Expect a safe, secure and clean environment.
- Participate in the identification of service goals, and to provide input into the development of the treatment plan and be advised of evaluation results
- Participate, to the extent possible, in program planning and operation.
- File grievances and to receive responses to such grievances if it is felt that a personal right has been violated, free from interferences, coercion, discrimination or reprisal.
- Consent or decline to take part in research.
- Be treated with full recognition of your dignity and individuality, including privacy in treatment and care of personal needs.
- Consent to or refuse a treatment, as permitted by law.
- Consent or decline to participate in any given activity.
- Be assured of confidential treatment of your personal and medical records, and may approve or refuse their release to any individual outside of Easter Seals, except as required by third party payment contract.
- Examine your bill, where applicable, and receive an explanation of it.
- Consent or refusal regarding service delivery, concurrent services, composition of the service team and involvement in research projects, if applicable.
- Remain free from emotional, psychological, sexual and physical abuse and from unnecessary chemical and physical restraints, from financial or other exploitation, neglect, humiliation, retaliation, corporal punishment and involuntary seclusion.
- Communicate with others and be understood by them to the extent of the participant's capability.
- Be informed on procedure to file grievance
- End participation in Easter Seals services at any time.
- Examine your records in accordance with agency policy
- Expect upon admission to program to learn discharge criteria.

I have read, reviewed and/or had explained to me the above rights of persons served.

Name (printed): _____

Signature: _____

Date: _____

Witness: _____

**EASTER SEALS CHAMPIONS FOR CHILDREN
CONSUMER COMPLAINTS AND GRIEVANCES FORM**

You have joined into an important relationship with Easter Seals. It is with the spirit of teamwork between participant and service provider that the following Complaints and Grievances procedure is presented. Should you need clarification or have a concern about this process, please contact your program manager.

It is the policy of Easter Seals to consider fully and investigate consumer complaints and grievances, which will not result in retaliation or barriers to service, and to seek resolution of such complaints and grievances in a timely and satisfactory manner. All consumers will be informed of complaints and grievances procedures during intake by the manager of the particular service or his/her designee.

PROCEDURES:

1. Any consumer who has a complaint or grievance should bring it to the attention of his or her instructor, supervisor or director support professional.
2. If after discussing the grievance or complaint the consumer is not satisfied, a written report will be forwarded to the Manager of the service or property. The manager will schedule a meeting with the consumer to discuss the complaint or grievance within 48 hours.
3. The manager is responsible for hearing all grievances and complaints and dealing with them in a fair and equitable manner. The manager will render a written decision within 48 hours. A copy of this written decision will be sent to the Compliance Coordinator.
4. In the event that the consumer does not agree with the decision, a meeting will be arranged with the consumer and the Compliance Coordinator within 48 hours. After meeting with the consumer, the Compliance Coordinator will render a written decision within 48 hours.
5. If the consumer is not satisfied with the decision, a written report will be forwarded to the Executive Director within 48 hours and a meeting will be arranged with the consumer and the Executive Director as soon as possible. After meeting with the consumer, the Executive Director will render a written decision within 48 hours. The decision of the Executive Director shall be final.
6. For services under contract with the Georgia Division of MHDDAD, the consumer has the right to present his/her complaint to that body provided steps one through five have been followed.
7. On an annual basis the Compliance Coordinator will summarize all formal complaints.
8. The Health and Safety Committee will analyze data to determine trends areas needing performance improvements and actions to be taken.

I have read, reviewed and/or had explained to me the above consumer complaints and grievances procedure.

Name (printed): _____

Signature: _____

Date: _____

Witness: _____

EASTER SEALS' CHAMPIONS FOR CHILDREN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Easter Seals is required by law to provide individuals with notice of its legal duties and privacy practices with respect to its use and disclosure of protected health information (phi) in its possession and is required to abide by the terms of this notice.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Easter Seals is permitted to use and disclose phi so that it can provide treatment to you, be paid for our services to you and to manage our organization.

Otherwise, Easter Seals will not use or disclose phi except:

- To you or your appointed guardian upon written request by you or your guardian.
- In compliance with a valid authorization signed by you or your guardian, provided that you or your guardian may revoke the authorization in writing.
- To another provider of services if your service plan calls for the transfer to the other provider for treatment or services.
- In a medical emergency to your doctor, emergency room or hospital.
- To create and disclose protected health information that does not identify you.
- When required by the Secretary of Health and Human Services.
- When required in judicial or administrative proceedings or for law enforcement purposes.
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- Easter Seals may disclose your phi to a health oversight agency for oversight activities, including audits, inspections, licensure or accreditation activities, or other oversight activities.

RIGHTS OF INDIVIDUALS

You have the following rights with respect to your protected health information:

- To request Easter Seals to place any additional restrictions on the use and disclosure of phi, provided that Easter Seals is not legally required to agree to such additional restrictions.
- To request that Easter Seals communicate with you about your phi only in a certain location or through a certain method. You do not need to give a reason for the request but your request must tell us how or where you wish to be contacted.
- To require Easter Seals to allow you to inspect and copy your phi.
- To require Easter Seals to mend inaccurate or incomplete phi created by Easter Seals.
- To require Easter Seals to provide a paper copy of this Notice to you.
- To require Easter Seals to tell you about any disclosures of your phi; provided, Easter Seals is not required to account for disclosures required for treatment, payment or health care operation, or which are permitted by this Notice.

RIGHTS OF INDIVIDUALS (CONTINUED)

The above rights may be exercised by you delivering a written notice to Easter Seals specifying the right or rights, which you are exercising.

COMPLAINTS

You may file a written complaint with Easter Seals and the Secretary of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

To file a complaint with the Secretary of Health and Human Services, write to the following address:

**OFFICE OF THE SECRETARY
DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVENUE, SW
WASHINGTON, D.C. 20201**

To file a complaint with Easter Seals, write to the following address or call one of the following numbers:

**EASTER SEALS SOUTHERN GEORGIA
1906 PALMYRA ROAD
ALBANY, GA 31701
ATTN: PRIVACY OFFICER
(229) 439-7061
1-800-365-4583**

If you need assistance in writing your complaint, our Privacy Officer, **Matt Hatcher**, will assist you. **You will not be retaliated against for filing a complaint.**

CHANGES TO THIS NOTICE

The current Notice of Privacy Practices is posted at our main office and at each site where we provide care. Easter Seals reserves the right to change the terms of our Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. Any revised Notice will be posted as stated above. You may also get a copy of any revised Notice of Privacy Practices by contacting our Privacy Officer.

EFFECTIVE DATE

This Notice of Privacy Practices is effective April 14, 2003. Revised March 1, 2007.

**EASTER SEALS' CHAMPIONS FOR CHILDREN
CONSENT FOR PURPOSES OF PROVISION OF SERVICES, PAYMENT AND
HEALTHCARE OPERATIONS AND ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

I consent to the use or disclosure of protected health information (phi) by Easter Seals Southern Georgia (Easter Seals) for the purpose of providing services to me, obtaining payments for the services provided or to conduct healthcare operations of Easter Seals. I understand that provision of services or healthcare operations by Easter Seals may be conditioned upon my consent as evidenced by my signature, or that of my appointed guardian, on this document

I understand that I have the right to request a restriction as to how my phi is used or disclosed to carry out services, payment or healthcare operations of Easter Seals. Easter Seals is not required to agree to the restrictions that I may request. However, if Easter Seals agrees to a restriction that I request, the restriction is binding.

I have the right to revoke this consent, in writing, at any time, except to the extent that Easter Seals has already taken action in accordance with this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by Easter Seals, another provider, a health plan, my employer or a health care clearinghouse. This phi relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Easter Seals' Notice of Privacy Practices prior to signing this document. Easter Seals' Notice of Privacy Practices has been provided to me. The Notice describes the types of uses and disclosures of my phi that will occur in my receiving services, payment for services or in the performance of healthcare operations of Easter Seals. The Notice is also provided in the main office of Easter Seals and at each site where Easter Seals provides care. I may receive a revised Notice of Privacy Practices by calling the main office of Easter Seals at (229) 439-7061 or 1-800-365-4583 and requesting that a revised copy be sent in the mail..

Signature of Person Receiving Services or Representative

Printed Name of Person Receiving Services or Representative

Date

Description of Representative's Authority

Parent to Parent of Georgia
3805 Presidential Parkway, Suite 207
Atlanta, GA 30340

Champions Initiative, Partnering with Easter Seals

Name of Child: _____ **Date of Birth:** _____

Parent/Caregiver Name#: _____ **Contact #:** _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize Easter Seals

To release the following information from my records: Champions Application

Release this information to: Parent to Parent of Georgia, 3805 Presidential Pkwy, Ste 207 Atlanta GA 30340 for the purpose of: IDENTIFYING ADDITIONAL RESOURCES, ASSISTING WITH EDUCATIONAL AND OTHER HEALTH NEEDS, PROVIDING EMOTIONAL SUPPORT.

All information I hereby authorize to be obtained will be held strictly confidential and cannot be released without my written consent. I understand that this authorization will remain in effect for one (1) year unless I specify an earlier expiration date here: _____

I understand that unless otherwise limited by state or federal regulation and except to the extent that action has been taken which is based on my consent, I may withdraw this consent at any time.

*****SIGN BELOW FOR GENERAL CONSENT TO RELEASE INFORMATION *****

Signature of Parent/Caregiver/Consumer **Date**

Signature of Witness (Title/Relationship) **Date**

*** Use this space only if family withdraws consent***

Signature of Parent/Caregiver ***Date Consent is revoked***