



Intake Form

All fields marked with * are required.

Zems Behavioral Services values and respects the richness of cultural diversity. We are committed to ensuring that your ethnic or cultural customs, practices, and beliefs are honored and respected by all members of our team.

We also take meaningful steps to ensure that individuals with Limited English Proficiency (LEP) have equal access to our services, programs, and activities. Our policy is to provide clear and effective communication with LEP clients and their authorized representatives regarding all aspects of care and treatment. This includes vital documents such as consent forms, waivers of rights, and financial or insurance benefit information.

All necessary interpreters, translators, or communication aids will be provided at no cost to clients or their families. Families will be informed of the availability of this assistance, free of charge.

Language support may be offered through trained bilingual staff, professional interpreters, or telephonic/technology-based interpretation services. All Zems Behavioral Services staff will be notified of this policy and trained in effective communication strategies, including the proper use of interpreters.

***Parent/Guardian/Caregiver Full Name**

***Signature**

Please sign in the box below.

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed

Please continue on the next page.



All fields marked with * are required.

What Is ABA?

Applied Behavior Analysis is a scientifically validated approach to understanding behavior and how it is affected by the environment. In this context, "behavior" refers to actions and skills, and "environment" includes any influence - physical or social - that might change or be changed by one's behavior.

Since the 1960's, therapists have been applying behavior analysis to help children with autism and related developmental disorders. Through the decades of research, the field of behavior analysis has developed many techniques for increasing useful behaviors and reducing those that may cause harm or interfere with learning.

On a practical level, the principles (how learning takes place) and methods of behavior analysis have helped many kinds of learners acquire many different skills. When the desired behavior is followed by a reward, the behavior is more likely to be repeated. Techniques used within ABA can be used in structured situations, such as a classroom lesson or "everyday" situations such as family dinner time or the neighborhood playground. Therapy sessions can include one-on-one interaction or group instruction.

Applied Behavior Analysis strives to bring meaningful and positive changes in behavior- from healthier lifestyles to the mastery of a new language - from toddlers through adulthood.

Our Services at Zems Behavioral Services

At Zems Behavioral Services, we provide individualized programs to support your child and family. Our services are based on research-driven strategies and developmentally appropriate methods. Therapy is delivered in one-on-one or small group settings, across natural environments (NET) and structured learning (ITT), with a strong emphasis on Verbal Behavior.

1. ABA Therapy

Applied Behavior Analysis (ABA) is the foundation of our work. We use evidence-based strategies to help children build new skills, increase communication, and reduce challenging behaviors through positive interventions. Programs are individualized and guided by assessments and ongoing data collection.

Our ABA services may include:

- Functional Behavior Assessments (FBA) - to understand the "why" behind behaviors.
- Behavior Intervention Plans (BIP) - structured, individualized strategies to support positive behavior change.
- Skill building across communication, play, academics, daily living, and social interaction.

2. Social Skills Training

We help children develop meaningful peer and community connections by teaching social skills in both one-on-one and group settings.

- Play skills: toy play, cooperative play, pretend/imaginative play.
- Facilitated peer play (playdates).
- Small group sessions designed around your child's goals and peers.
- Practicing turn-taking, staying on topic, and conversational skills.

Please continue on the next page.



All fields marked with * are required.

Our Services at Zems Behavioral Services (Cont'd)

3. Parent Coaching

We believe parents are an essential part of the therapy process. Our parent coaching programs provide strategies and tools to help you:

- Support your child's learning at home.
- Respond effectively to challenging behaviors.
- Implement positive reinforcement and replacement strategies.
- Build consistency across home, school, and community environments.

4. Telehealth Supervision

For families needing flexible or remote options, we provide telehealth-based services. Using secure video platforms, we offer:

- Parent coaching and guidance.
- Supervision of ABA therapy sessions.
- Progress monitoring and treatment planning.

5. RBT Supervision & Training

Zems offers supervision and training for Registered Behavior Technicians (RBTs). This includes:

- Meeting BACB supervision requirements.
- Training in ABA principles, data collection, and intervention strategies.
- Ongoing support to build clinical skills and ensure quality service delivery.

Assessments (Before ABA Therapy Begins)

Before starting therapy, we complete a thorough assessment to understand your child's strengths, needs, and goals. These assessments guide individualized treatment planning and ensure progress is measurable and meaningful.

Assessments may include:

- VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program)
- ABLLS-R (Assessment of Basic Language and Learning Skills)
- Functional Behavior Assessments (FBA)
- Parent/Caregiver Interviews and observation
- Social and Play Skills Inventories
- Preference and Reinforcer Assessments

Assessments are not used for diagnosis but to create a customized ABA program designed for your child.

Additional Services & Supports at Zems

Daily Living Skills

We help children develop age-appropriate self-help skills to increase independence and confidence. Skills may include:

- Dressing
- Eating and feeding routines
- Grooming and hygiene
- Household chores and responsibilities

Please continue on the next page.



All fields marked with * are required.

Additional Services & Supports at Zems (Cont'd)

Community & Family Support

Our team supports families beyond the therapy room by assisting with real-life situations, such as:

- Community outings
- Family activities and routines
- Doctor and dentist appointments
- Haircuts and grooming visits
- Building consistent schedules/routines
- Strengthening sibling relationships

School Consultation

We partner with schools, teachers, and staff to ensure consistency and success across educational settings. Services may include:

- Shadow Services - One-on-one support in group environments (private schools, daycares, camps, learning centers). Shadowing helps with behavior, communication, and social skills. Available depending on staff availability.
- In-School Facilitation - Collaboration with teachers and school professionals to align goals and strategies.
- Training Opportunities - Workshops or training for teachers, paraprofessionals, and staff.
- IEP Support - Guidance in creating IEP goals, attending IEP meetings, and helping parents navigate the IEP process while advocating for their child's needs.

Academic Support

We help identify strengths, areas of need, and skill gaps in academics. Our team provides strategies, scaffolding, and supports to improve success with schoolwork and homework.

Program Development

To ensure consistent progress, program development is built into all services. This includes:

- Ongoing assessments and data collection
- Task analyses and program updates
- Treatment plan development and adjustments
- Monthly progress reviews and documentation

Program development typically accounts for 10-20% of a child's direct service hours. This is a required component of therapy and is billed separately from direct sessions.

Parent Coaching & Training

Parent participation is essential for long-term success. We provide one-on-one coaching to:

- Teach ABA principles specific to your child's needs
- Support daily routines and independence skills
- Provide strategies to manage behavior effectively
- Improve consistency at home, school, and in the community

⚠️ Parent training is a mandatory part of all treatment plans. This ensures families feel confident and supported in applying strategies outside of therapy.



All fields marked with * are required.

Additional Services & Supports at Zems (Cont'd)

Commitment to Ethical Standards

Zems Behavioral Services follows the Behavior Analyst Certification Board (BACB) guidelines, ensuring the highest quality of care and professional standards.

Your Child's Rights Include:

- A safe, therapeutic environment
- Services designed for their personal well-being
- Treatment from qualified professionals
- Programs that build functional, real-world skills
- Ongoing assessments and evaluations
- Use of the most effective, research-based treatment methods

Our Professional Responsibilities Include:

- Maintaining confidentiality
- Protecting each client's dignity, health, and safety
- Collaborating with families to set meaningful goals
- Keeping accurate records
- Advocating for client needs
- Providing evidence-based interventions
- Avoiding conflicts of interest

Informed Consent

Before any assessment or treatment begins, parents/guardians must provide informed consent. This means:

- The decision is voluntary and free of pressure.
- Parents/guardians have the capacity to decide.
- Full information is shared about all aspects of services, including risks, benefits, and alternatives.

More details on professional practice standards can be found at www.BACB.com.

Staff Descriptions at Zems Behavioral Services

Clinic Director / Program Manager

The Clinic Director works closely with the BCBA to design and develop individualized teaching programs for your child. They set priorities for your child's intervention based on goals established for your family. The Director can also coordinate care with other professionals your child may be seeing, if desired, to ensure continuity across services.

BCBAs / BCaBAs (Supervisors)

The Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCaBA) serves as the primary contact for your family and the professionals working with your child. Their responsibilities include:

- Ensuring ABA Therapists are well-trained and implement your child's program correctly
- Reviewing data, charts, and progress reports
- Attending monthly team meetings to stay updated on your child's progress
- Providing direct intervention with your child at least once per month
- Advising on treatment decisions based on ongoing observations and data

If a BCBA/BCaBA is unavailable, responsibilities may be shared between the Director and ABA Therapists.

Please continue on the next page.



All fields marked with * are required.

Staff Descriptions at Zems Behavioral Services (Cont'd)

ABA Therapists

ABA Therapists work directly with your child several times per week. They are fully trained by Zems Behavioral Services to implement your child's individualized program. Their duties include:

- Collecting and reporting progress data to the BCBA/BCaBA and Director
- Implementing therapy programs as prescribed
- Supporting your child's growth toward individualized goals

Please note:

- Staff assigned to your child may change as needed to ensure the best care.
- Therapists are not authorized to modify programs without the Director's approval.
- Parents will be notified of any significant changes, and discussion may occur to ensure alignment with your child's needs.

Individualized Treatment Plans (ITP)

Every child at Zems Behavioral Services receives an Individualized Treatment Plan (ITP). These plans are created after comprehensive assessments (both direct and indirect) and are continuously updated based on your child's progress. The Director is responsible for all programmatic decisions, ensuring each child receives a program tailored to their needs.

Parents acknowledge that program evolution is a standard part of therapy and that therapists may be rotated or reassigned to provide the highest quality care.

Communication Policy

Clear communication is essential to providing the best care for your child. At Zems Behavioral Services, our goal is to respond to all emails, phone calls, or text messages within 24 hours during regular business hours. There may be occasions when we send a notification that additional time is needed to provide a full response.

Parents/Guardians are expected to respond to communications from Zems staff within 24 hours. If you are unable to respond within that timeframe, please send a quick message indicating when you will be available, so staff know their communication has been received.

Business Hours:

Monday - Friday: 8:00 AM - 6:00 PM

Contact Information:

- General Information: info@zemsbehavior.com
- Director / BCBA Supervisor: aysha@zemsbehavior.com

Acknowledgment & Signature

I acknowledge that I have read and understood the Zems Behavioral Services Communication Policy.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

Confidentiality Policy

At Zems Behavioral Services, we provide direct services to clients and their families. As part of our work, we handle sensitive health information daily. We are committed to protecting your child's Protected Health Information (PHI) in compliance with HIPAA regulations.

PHI includes any information—oral or recorded in any form—that relates to:

- Past, present, or future physical or mental health conditions
- The provision of health care to an individual
- Payment for health care services

Our Standards for Protecting Confidential Information

To maintain the confidentiality and privacy of every client, Zems staff are required to:

- Never disclose or discuss PHI, client care, programming, or client names with anyone not employed by Zems Behavioral Services
- Take precautions to protect data sheets, session notes, and other sensitive documents (e.g., never leave them unattended or in a visible location)
- Never share client names, images, or information in physical or electronic form on social media or other platforms without written consent

All client records—including medical and psychological reports, videos, photographs, recordings, and data—are the property of Zems Behavioral Services. Team members may only access or use this information for professional purposes and never for personal benefit.

How We Handle Client Information

- Sensitive client information is shared on a "need to know" basis only
- Staff avoid discussing client or family information in public spaces
- All session notes, data sheets, and binders are kept secure and never left unattended
- Electronic devices (phones, iPads, computers) are password-protected and set to auto-lock
- Lost or stolen devices are reported immediately to the Clinic Director, and we have the ability to remotely erase data if necessary
- Emails containing PHI sent to authorized professionals outside our secure network are password-protected

Zems Behavioral Services is committed to safeguarding your child's information at all times, ensuring privacy, security, and compliance with professional and legal standards.

Acknowledgment & Signature

I acknowledge that I have read and understood the Zems Behavioral Services Confidentiality Policy.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

Notice of Privacy Practices

This notice explains how health information about your child may be used or disclosed and how you can access this information. Please review it carefully.

At Zems Behavioral Services, we are required by law to maintain the privacy of your child's health information and to provide this notice.

Once you sign a Release of Information Form, Zems staff may use or share your child's Protected Health Information (PHI) for purposes such as:

- Diagnosis and treatment
- Obtaining payment for services
- Healthcare operations (e.g., program management, quality improvement)

For example, in order to receive payment from insurance or other funding sources, we may need to provide certain information to them.

Permitted and Required Disclosures Without Consent

Zems staff may disclose PHI without your written consent in specific circumstances, including:

1. Abuse or Neglect: If staff suspect child or elder abuse or neglect, they are required by law to report it to the appropriate authorities.
2. Danger to Self or Others: If staff believe your child or someone else is at imminent risk of harm, they must notify the appropriate authorities.
3. Legal Proceedings: PHI may be disclosed in response to a court order, subpoena, or other legal proceedings.

Your Rights Regarding PHI

1. Right to Inspect and Copy: You may inspect or request copies of PHI used to make decisions about your child's care. This generally includes demographic and billing records but not therapy session notes. Requests must be made in writing, and fees may apply for copying or mailing. Zems will respond within 15 days.
2. Right to Amend: If you believe PHI is incorrect or incomplete, you may request an amendment in writing with supporting reasons.
3. Right to an Accounting of Disclosures: You can request a record of disclosures made by Zems staff within the last six years. Requests must be submitted in writing.
4. Right to Request Restrictions: You may request limits on how Zems uses or shares your child's PHI. If we cannot agree to your request, we will discuss alternative options.
5. Right to Limit Reception: You may ask that Zems staff contact you only at certain phone numbers or addresses, without needing to provide a reason.
6. Right to a Paper Copy: You may request a paper copy of this Notice of Privacy Practices at any time.

Please continue on the next page.



All fields marked with * are required.

Notice of Privacy Practices (Cont'd)

Other Uses

Any other use or disclosure of PHI, including therapy case notes, requires your written authorization. You may revoke this authorization at any time for future use.

This notice may be updated as needed to comply with federal, state, and professional requirements.

Acknowledgment & Signature

I acknowledge that I have read and understood the Zems Behavioral Services Notice of Privacy Practices.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Mandated Reporter Disclosure

All behavioral staff at Zems Behavioral Services are mandated reporters under federal and state law. This includes all BCBA's, ABA Therapists, and other behavioral staff. Mandated reporting is a legal requirement designed to protect children from abuse or neglect and is not intended to penalize parents or caregivers.

This disclosure is provided to inform families of the legal obligations of Zems staff as part of the client education process and is included in your intake packet.

What This Means

As mandated reporters, Zems staff are legally required to report any allegations, suspicions, or evidence of child abuse, neglect, or maltreatment to the appropriate authorities.

- Reports are made to the relevant child protection agency in your state or country.
- Any report filed with child protection services is handled as a separate case from Zems' therapy services.
- Zems staff will only participate in child protection cases as required or requested by the authorities.
- Decisions regarding child protection investigations are made independently of Zems Behavioral Services.

Acknowledgment & Signature

By signing below, you acknowledge that Zems Behavioral Services has provided information regarding mandated reporting requirements and that you understand the staff's legal obligations.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

Schedules & Session Policies

Session Structure

At Zems Behavioral Services, therapy "hours" follow the professional standard used by organizations such as the APA and ASHA:

- Direct therapy: 45-50 minutes of one-on-one intervention
- Administrative tasks: 10-15 minutes for data collection, session notes, and preparation

For example, a 2-hour in-home session typically includes:

- 10 minutes to set up materials before the session
- 45-50 minutes of direct therapy
- 15 minutes at the end for data collection, tidying, and parent discussion

Parent/Guardian Requirement:

A parent or legal guardian must be present and available in the home during all in-home sessions.

Schedule Changes:

Therapists cannot change schedules without the Director's consent. Many factors are considered when developing schedules to ensure consistent and effective therapy.

Cancellations

- Requests to cancel or reschedule must be made at least 24 hours before the scheduled session.
- Cancellations with less than 24 hours' notice will incur a \$60 fee per session, unless due to illness or inclement weather.
- If a session ends early for reasons other than sudden illness, it may be billed as a late cancellation.
- Insurance carriers are not responsible for missed session fees.

Procedure for Late Cancellations:

Immediately notify the assigned RBT and supervising BCBA and follow up with a phone call to the therapist.

Running Late

- If you are running late, notify your therapist and your supervising BCBA as soon as possible.
- For center-based services, also email aysha@zemsbehavior.com.
- Therapists will wait up to 15 minutes. Sessions may be shortened due to scheduling constraints, and full session fees may apply if less than 24-hour notice is given.

Schedule Change Requests

- To request schedule changes or discuss scheduling concerns, email aysha@zemsbehavior.com.
- Families are requested to provide at least two weeks' notice for significant changes to facilitate consistency in service delivery.



All fields marked with * are required.

Schedules & Session Policies (Cont'd)

Staff Cancellations or Delays

- If a Zems therapist must cancel or reschedule, you will be notified promptly.
- If a therapist is running more than 15 minutes late, you will be contacted immediately.
- Therapists may extend the session or make up time on another day as needed.
- You will only be charged for the time your child receives services.
- Please notify managers of repeated tardiness so schedules can be reevaluated as needed.

Acknowledgment & Signature

By signing below, you acknowledge that you have read and understand Zems Behavioral Services' schedules, cancellations, and session policies.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Wellness Policy Statement of Understanding

To maintain a safe and healthy environment for all children and staff, Zems Behavioral Services requires that families notify the therapist, supervising BCBA, and Administrative Director of any illness affecting:

- Your child
- Yourself
- Other children in the home

Similarly, you will be notified immediately if a therapist is ill and a scheduled session must be canceled.

Acknowledgment & Signature

By signing below, you acknowledge that you have read and understand Zems Behavioral Services' Wellness Policy Statement of Understanding.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

Inclement Weather Policies and Procedures

Zems Behavioral Services prioritizes the safety of clients and staff during inclement weather. Inclement weather includes conditions that may pose a risk while traveling, such as:

- Icy, snow-covered, or poorly plowed roads
- Flash floods or flooded areas
- Extremely low temperatures or dangerous chill factors
- Excessively high temperatures or heat index
- Poor air quality warnings
- Severe thunderstorms, tornado warnings, or sightings

Safety Decisions

- Zems staff will make safety decisions based on weather conditions and potential travel risks.
- Parents/guardians also have the right to request rescheduling if there is a reasonable safety risk, beyond simply canceling the appointment.
- Even if your home or session location is safe, travel risks to reach the location will be considered in rescheduling decisions.

Communication

- Families must provide reliable contact information for emergency notifications.
- Zems staff will notify families of cancellations or schedule changes as soon as possible via phone or email.

Scheduling Considerations

- Staff generally follow local school district closures or warnings as guidance.
- If staff determine it is safe to conduct the session despite weather, they will confirm the session with the family.
- Sessions may be difficult to reschedule due to availability; Zems staff will make every effort to accommodate alternate times.
- Other scheduled sessions may impact rescheduling options.

Acknowledgment & Signature

By signing below, you acknowledge that you have read and understand Zems Behavioral Services' Inclement Weather Policies and Procedures.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

Parent Participation

Parents and caregivers are essential to the success of each child at Zems Behavioral Services. We aim to involve parents in every step of therapy, including:

- Development of goals and objectives
- Implementation of treatment strategies
- Behavior management techniques

Consistency across home, school, and therapy settings is a key goal. Zems staff are available to train parents in behavior management and intensive teaching procedures so that parents can actively support their child's therapy. The level, intensity, and frequency of parent training will be outlined in your child's Individualized Treatment Plan (ITP).

Parent Commitment

To ensure the effective implementation of your child's treatment plan, Zems requests the following commitments from parents:

1. Active Participation: Engage in training related to your child's programs and behavior reduction strategies.
2. Adherence to the Plan: Follow your child's treatment plan and behavior protocols consistently.
3. Prompt Communication:
 - Notify the Director or therapy team immediately via email or phone if unsure about implementing any program or protocol.
 - Inform the Director promptly if a program or protocol is not being implemented correctly or is not producing the expected results.

Failure to meet these commitments, after reasonable attempts to address concerns, may result in modification or termination of services.

Acknowledgment & Signature

By signing below, you acknowledge that you have read and understand Zems Behavioral Services' Parent Participation policy.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

Procedure for Lack of Parent Participation

Zems Behavioral Services emphasizes that parent and caregiver involvement is essential for effective therapy. In cases where participation requirements are not met, the following steps will be taken:

Step 1 – Verbal Warning

- The consultant will provide a verbal warning and follow up with an email outlining where participation is lacking.
- Additional training will be offered if needed.

Step 2 – Written Notice

- A formal written notice will be sent explaining areas where participation is insufficient.
- Additional training will be offered if part of the issue.

Step 3 – Final Written Notice

- A meeting will be scheduled with the parent or guardian to review the lack of participation.
- The case manager and consultant will provide the necessary training to correct the issue.
- The notice will explain that continued lack of participation may result in discontinuation of services.

Step 4 – Discontinuation of Services

- If participation requirements are not met after Step 3, the child's services may be discontinued, as Zems cannot provide effective treatment without parent involvement.
- A fade plan will be created individually for each child to gradually reduce services.
- The consultant will meet with the parent to explain the process and ensure a smooth transition.

Support & Collaboration

- The Director and therapy team will work closely with all parents to make participation as manageable and positive as possible.
- When parents actively participate, children typically show greater progress, and parents gain a better understanding of how to respond to behaviors effectively.

Acknowledgment & Signature

By signing below, you acknowledge that you have read and understand Zems Behavioral Services' Procedure for Lack of Parent Participation

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

Parents' Interaction with Staff & Dual Relationships

At Zems Behavioral Services, therapy often involves close collaboration between families and staff. While we encourage friendly and professional relationships, it is important that parents and caregivers do not engage in personal relationships with staff.

Dual Relationships

Dual relationships are considered inappropriate and include, but are not limited to:

- Babysitting or acting as a nanny
- Bartering of goods or services
- Personal friendships or romantic/sexual relationships

This applies to both current and past staff members. Zems does not encourage families to engage in personal relationships with any staff who are no longer with the company. For privacy and safety reasons, Zems cannot provide details regarding a staff member's departure.

Transportation Policy

Parents acknowledge that Zems staff are never permitted to transport clients or client family members under any circumstances.

Acknowledgment & Signature

By signing below, you acknowledge understanding and agreeing to maintain appropriate professional boundaries with all Zems staff.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

Agreement to Videotape, Audiotape, or Photograph

At Zems Behavioral Services, photographs, video, and audio recordings may be used for educational, training, or program purposes. Parents and caregivers acknowledge that they and/or their child may be recorded during a session.

- All recordings will only be taken with Zems equipment.
- Staff are not permitted to use personal phones or cameras for any recording.
- Parents/guardians must obtain written permission from Zems before taking any photos, videos, or recordings of staff or therapy sessions.

- ☐ I do not give permission for Zems to photograph, videotape, or audiotape my child or myself.
- ☐ I give permission for Zems to photograph my child and/or myself during services. I understand these photographs may be used in educational presentations only.
- ☐ I give permission for Zems to take and/or use photos or video recordings of my child during their sessions only (not for outside use).
- ☐ I give permission for Zems to use recorded video segments of my child for the purpose of professional conferences and/or staff training.

Agreement to Disclose In-Home Camera or Video Monitor Use

At Zems Behavioral Services, we value the opportunity to provide therapy in your child's natural home environment. We also recognize that many families may use baby monitors, security cameras, or video systems in their homes.

Please note:

- By law, families are required to inform and obtain consent from anyone who enters the home if cameras, monitors, or recording devices are in use.
- This ensures that therapists and staff are fully aware and can give proper consent before sessions take place.
- If you use cameras or monitors in your home, you must disclose this information to Zems prior to sessions.

If you have any questions about this policy or how it applies, please contact our office.

Agreement to Disclose Camera/Monitor Use

- ☐ I do use cameras, monitors, or recording devices in my home.
- ☐ I do not use cameras, monitors, or recording devices in my home.

Acknowledgment & Signature

By signing below, you acknowledged and answered the above.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

Resolving Grievances

At Zems Behavioral Services, we encourage open communication and want to resolve any concerns as quickly as possible.

1. Step 1 – Speak with Your BCBA
 - If you have a concern about services, please first speak directly with your child's assigned BCBA.
2. Step 2 – Escalation to Management
 - If the concern is not resolved, a meeting may be scheduled with the client, staff member, BCBA, and a Zems manager to work toward a solution.
3. Step 3 – Formal Complaint
 - If the issue remains unresolved, please complete a formal complaint using the Client Complaint Form (available upon request) or by email/letter.
 - The Administrative Director will respond within 5 business days of receiving your complaint.
4. Step 4 – Appeal
 - If the resolution is still not satisfactory, the matter may be appealed to the Director of Clinical Services.
 - The Director of Clinical Services will provide a final written response within 25 business days.
5. Step 5 – Further Action
 - If you are still not satisfied, you may:
 - Refuse services,
 - Contact your insurance company/case manager (if applicable), or
 - Contact appropriate state or federal agencies.

Reporting Procedures for BCBA Credentials

You may request a copy of your assigned BCBA's or Registered Behavior Technician (RBT)'s current credentials at any time.

If you have concerns about the professional conduct of your BCBA or RBT, you may also contact the:

Behavior Analyst Certification Board (BACB)

 www.bacb.com

 (720) 438-4321

Discontinuation of Services

Services at Zems Behavioral Services may be discontinued under the following conditions:

- By Parent/Caregiver:
 - You have the right to stop treatment at any time. Referrals to other providers may be provided upon request.
- By Clinical Determination:
 - Services continue only if they are clinically beneficial. If progress is not being made, or if the treatment is no longer appropriate, services may be discontinued.
- By Ethical/Legal Requirement:
 - If your child's needs exceed the clinical expertise available at Zems, or if other ethical/legal concerns arise, services may be ended and referrals provided.
- By Behavioral/Participation Concerns:
 - Services may be discontinued in cases of:
 - Repeated lack of parent participation,
 - Drug abuse, disclosure of illegal intentions or actions,
 - Inappropriate behavior during sessions,
 - Services no longer being funded (e.g., loss of insurance coverage).

In the event services are discontinued, a Transition to Discontinuation Plan may be provided to explain the reason and outline next steps.

Please continue on the next page.



All fields marked with * are required.

Resolving Grievances (Cont'd)

Acknowledgment & Signature

By signing below, you acknowledge that you have read and understand Zems Behavioral Services' Resolving Grievances Policy.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Permission for Assessment

I give my permission for my child, _____, to be evaluated and/or assessed by Zems Behavioral Services to determine initial and/or continuing eligibility for services.

I understand that the results of this assessment will be used to identify my child's strengths, areas of need, and to guide the development of appropriate intervention services and individualized programming.

Child's Full Name: _____

Child's Date of Birth:

Month: ____ Day: ____ Year: ____

I certify that I am the parent or legal guardian with responsibility for health care decisions for the child listed above.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:



All fields marked with * are required.

Financial Responsibility Agreement

Zems Behavioral Services strives to support as many families as possible and accepts multiple types of funding, including insurance, self-pay, and other funding sources where applicable.

Insurance

- Zems Behavioral Services will submit all required pre-authorizations, assessments, and progress reports before their due dates to ensure ongoing therapy.
- If any claim is denied or returned as non-covered, the parent/guardian will be billed in full after 60 days. At that point, it is the parent/guardian's responsibility to follow up with their insurance provider for reimbursement.
- Zems Behavioral Services will provide all necessary documentation upon request.
- Insurance reimbursement is a contract between you, your employer, and your insurance company. You are responsible for any charges or balances not covered by insurance.

Self-Pay (Private Funding)

- Families and Zems Behavioral Services will determine the number of ABA therapy hours per week and required supervision per month (typically one hour of supervision per every 10 hours of ABA therapy provided).
- Parents/guardians will be billed monthly, and payment is due upon receipt of the invoice.
- If payment is not received within thirty (30) business days, Zems Behavioral Services reserves the right to place the account on hold and pause services until the balance is paid in full.
- A late payment fee of \$60.00 will be applied to overdue accounts.
- A current fee schedule is always available in your client portal. Parents/guardians will receive at least 60 days' notice of any fee changes.

Invoices

- Families are invoiced monthly, with itemized bills listing services by date.
- Invoices are sent electronically (paper copies are available upon request).
- Parents/guardians remain responsible for full payment of all services by the due date listed on the invoice.
- Accepted payment methods: check, money order, or credit card (Visa, MasterCard, Discover, or American Express). Bank bill pay is recommended for convenience.

Fees

- Returned Check Fee: \$40.00 for all returned checks.
- Missed Appointment Fee: \$60.00 if canceled with less than 24 hours' notice.
- Late Payment Fee: \$60.00 as described above.

Acknowledgment & Agreement

By signing below, I acknowledge and agree to the financial policies of Zems Behavioral Services.

- ☐ I understand that I am financially responsible for all charges not covered by insurance.
- ☐ I understand that a \$60.00 fee applies for late cancellations or missed appointments (except in cases of illness or emergency).
- ☐ I understand that a \$60.00 late payment fee will apply if my balance is not paid within 30 days.
- ☐ I understand that a \$40.00 fee applies to any returned checks.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Please continue on the next page.

Date Completed:



All fields marked with * are required.

ABA Therapy Service Agreement

Agreement

During the term of this agreement, Zems Behavioral Services will provide ABA therapy services, and the parent(s)/guardian(s) agree to compensate Zems Behavioral Services for those services according to the terms and conditions outlined in this agreement and the financial policies provided.

I understand all fees and conditions as stated.

If it becomes necessary for third-party collection, I agree to pay for all costs and expenses, including reasonable attorney fees.

Services Provided

During the term of this agreement, Zems Behavioral Services may provide the following ABA therapy services:

- Direct one-on-one behavioral treatment sessions.
- Ongoing assessments and program modifications (including data review).
- Development and updates of Functional Behavior Assessments (FBA) for problem behaviors.
- Creation and updates of Behavior Intervention Plans (BIP).
- Parent/caregiver training to support skill generalization and consistency across settings.

Other professional services may be requested but are not automatically included in this service agreement. These may include (but are not limited to):

- Program development outside of regular treatment.
- Attendance at meetings or consultations with other professionals (with parent/guardian authorization).
- Preparation of records, reports, or treatment summaries.
- Additional professional services requested by the parent/guardian that fall outside of standard therapy delivery.

Acknowledgment & Agreement

I have read, understood, and agree to the terms of the ABA Therapy Service Agreement with Zems Behavioral Services.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

Nonviolent Physical Crisis Intervention Release

Zems Behavioral Services utilizes Nonviolent Crisis Intervention (NCI) as a crisis management system. All staff members who may be involved in physical intervention are trained and certified in Nonviolent Crisis Intervention. Please note that parents/guardians cannot be trained by our staff in personal safety techniques or physical interventions (i.e., restraints).

The philosophy of Nonviolent Crisis Intervention is based on:

- Care - showing compassion and empathy.
- Welfare - supporting emotional and physical well-being.
- Safety - preventing danger, risk, and injury.
- Security - ensuring harmony, not harm.

The focus of NCI is always on the client, emphasizing the importance of being supportive and maintaining therapeutic rapport. Our staff are trained to understand levels of crisis development, how each should be approached, and how to proactively prevent the need for physical intervention by teaching replacement behaviors.

Nonviolent physical crisis intervention refers to safe, non-harmful control and restraint techniques that are only used to assist an individual until they can regain control of their behavior. These measures will only be used as a last resort when all other less restrictive strategies have been attempted, or if the individual poses an immediate danger to themselves or others. Any serious incident will be documented in a written report, reviewed with the parent/guardian, and submitted to the Zems Behavioral Services Director for review. The report will also be kept in the client's file.

When addressing problem behaviors, the care, welfare, safety, and security of the client will always remain our highest priority. Nonviolent physical crisis intervention will only be used when absolutely necessary to ensure safety. If you have any questions or concerns regarding this policy, please contact Zems Behavioral Services at any time. If you choose to decline the use of physical intervention, the Zems team (including, at minimum, the Director, Supervisor, and Therapist) will review the level of risk and determine whether services can be provided safely without this option.

Please select one of the following:

- ☐ I prefer my child's therapist assist my child when physical redirection is needed.
- ☐ I prefer that I (parent/guardian) only assist my child when physical redirection is needed.
- ☐ I prefer that both my child's therapist and I (parent/guardian) work together when physical redirection is needed.

***Parent/Guardian/Caregiver Full Name (Printed):**

Signature In This Box

I accept that this is the legal representation of my signature.

Date Completed:

Please continue on the next page.



All fields marked with * are required.

CLIENT CONTACT INFORMATION

*Mother's Name

*Mother's Cell Phone Number

*Mother's Work Phone Number

*Mother's Email Address

*Father's Name

*Father's Cell Phone Number

*Father's Work Phone Number

*Father's Email Address

*Home Phone Number

*Child's home address

*Cell Phone Number

*Work Phone Number

*Email Address

Please continue on the next page.



All fields marked with * are required.

My Child's Strengths

*Strength 1:

Strength 2:

Strength 3:

Strength 4:

My Child's Areas of Need

*Area 1:

Area 2:

Area 3:

Area 4:

Please continue on the next page.



All fields marked with * are required.

***Some activities I like to do with my child are:**

***I wish I could enjoy the following activities with my child but at this time do not seem possible?**

***Have you observed overall improvement in your child's behavior and ability to learn new skills? Please explain.**

***In what areas/skills would you like parent training and support?**

***Is there anything else that you would like to discuss? Please write any questions or concerns that you have regarding your child and ABA services.**

Please continue on the next page.



All fields marked with * are required.

MEDICAL INFORMATION

*Child's Name

*Age

*Date Completed

*Form Completed By

*Relationship To Child

*Are you the legal guardian of this child and are you able to make medical decisions on his/her behalf?

☐ Yes

☐ No

Notes

*Please list your child's primary care physician name, contact number, address and email.

*Does your child have any allergies? If so, please list below.

*If life threatening, please list below.

*Instructions for allergic reactions

*Does your child have any dietary restrictions? If so, please list below.

Please continue on the next page.



All fields marked with * are required.

MEDICAL INFORMATION

***Is your child being treated for any health problems? If so, please list below.**

***Has your child ever been hospitalized (non-surgical)? If so, please list reasons and dates. (Start with recent)**

***Has your child every had surgery? If so, please list reasons and dates. (Start with recent)**

***Emergency Room Visits? If so, please list reasons and dates. (Start with recent)**

***Birth History? Please describe birth history including any complications below.**

***Please List Birth Weight and Weeks in Gestation below**

***How do you rate your/your child's overall health?**

- ☐ Excellent
 - ☐ Very good
 - ☐ Good
 - ☐ Not very good
 - ☐ Poor
-

Please continue on the next page.

All fields marked with * are required.

MEDICAL INFORMATION

***How do you rate your/your child's overall health?**

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Not very good
- ☐ Poor

***Comments**

***Nose/Sinuses:**

- ☐ Itching/sneezing
- ☐ Drainage, Color
- ☐ Change in sense of smell
- ☐ Congestion
- ☐ Symptoms all year long
- ☐ Frequent sinus infection
- ☐ Nasal polyps
- ☐ Snoring
- ☐ Mouth breathing
- ☐ None of the above

***What season are they worse?**

***Skin Issues? Any rashes, itching, hives, swelling, eczema, or other? If yes, please explain where.**

All fields marked with * are required.

MEDICAL INFORMATION

***Throat:**

- ☐ Itching
- ☐ Post-Nasal Drip
- ☐ Bad Breath
- ☐ Congestion
- ☐ Soreness
- ☐ Throat Clearing
- ☐ Thrush (yeast infection)
- ☐ Change in voice
- ☐ None of the above

***Comments**

***Head:**

- ☐ Headaches
- ☐ Post-Nasal Drip
- ☐ None of the above

***Comments**

***Eyes:**

- ☐ Itching/burning
- ☐ Tears/discharge
- ☐ Redness
- ☐ Swelling
- ☐ Eyelid irritation
- ☐ Painful with light
- ☐ None of the above

***Comments**

All fields marked with * are required.

MEDICAL INFORMATION

***Ears:**

- ☐ Itching
- ☐ Fullness/popping
- ☐ Hearing problems
- ☐ Frequent infections
- ☐ None of the above

***Comments**

***Gastrointestinal:**

- ☐ Nausea/vomiting
- ☐ Diarrhea
- ☐ Heartburn/reflux
- ☐ Abdominal pain
- ☐ Heartburn/reflux
- ☐ None of the above

***Comments**

***Lungs:**

- ☐ Cough
- ☐ Shortness of breath
- ☐ Sputum production
- ☐ Wheezing
- ☐ Chest tightness
- ☐ Bloody sputum
- ☐ None of the above

All fields marked with * are required.

MEDICAL INFORMATION

***What triggers their breathing problems?:**

- ☐ Vigorous play
- ☐ Pollen
- ☐ Animals
- ☐ Smoke/odors
- ☐ Dust
- ☐ Colds
- ☐ Emotions
- ☐ Cold air
- ☐ Weather change
- ☐ None of the above

***Please list reason for their breathing problem**

***Do they wake up at night because of breathing problems? If so, please comment on how often.**

***Comments**

***Muscle and Bone:**

- ☐ Painful or swollen joints
- ☐ Stiffness
- ☐ Muscle weakness
- ☐ Back pain
- ☐ None of the above

***Comments**

All fields marked with * are required.

MEDICAL INFORMATION

***Nervous system and brain:**

- ☐ Weakness/clumsiness
- ☐ Tingling/burning
- ☐ Delayed development
- ☐ Numbness
- ☐ Speech delay
- ☐ None of the above

***Comments**

***Heart:**

- ☐ Chest pain
- ☐ Ankle swelling
- ☐ Heart palpitations
- ☐ None of the above

***Comments**

***Urinary tract:**

- ☐ History of frequent bladder infections
- ☐ Frequent urination
- ☐ Trouble starting urine
- ☐ Loss of urine with cough or sneeze
- ☐ None of the above

***Comments**

All fields marked with * are required.

MEDICAL INFORMATION

***Blood and metabolism:**

- ☐ Easy bleeding/bruising
- ☐ Swollen lymph nodes
- ☐ History of thyroid disease
- ☐ History of diabetes
- ☐ None of the above

***Comments**

***Reproduction:**

- ☐ Sexually active
- ☐ Pregnant or planning on pregnancy
- ☐ Breast feeding
- ☐ History of yeast infection
- ☐ None of the above

***Comments**

***Psychological and behavioral:**

- ☐ Anxiety
- ☐ Depression
- ☐ Suicidal
- ☐ Autism
- ☐ Bi-polar disorder
- ☐ ADHD
- ☐ Sleeping issues
- ☐ Feeding/eating issues
- ☐ None of the above

***Comments**



All fields marked with * are required.

MEDICAL INFORMATION

*Please list feeding/eating issues, if any.

*Please list sleeping issues, if any.

*Are immunizations up to date? Please note down any that are not.

*Has your child ever had pneumonia? If so, please note when.

*Has your child ever had flu vaccine? If so, please note the date of last flu vaccine.

*Medications: Please list all prescription and non-prescription medication, including vitamins and herbals, with name, strength, how often they are taken, and when they were started:

All fields marked with * are required.

MEDICAL INFORMATION

Family History: Please check if your child's parents, grandparents, aunts/uncles, siblings, or cousins have/had any of the following (indicate which family member):

***Please check all that apply:**

- ☐ Hay fever
- ☐ Asthma
- ☐ Eczema
- ☐ Hives
- ☐ Recurrent infections
- ☐ Sinus troubles
- ☐ Food allergies
- ☐ Autism
- ☐ Bi-polar disorder
- ☐ Depression
- ☐ Trouble sleeping
- ☐ None of the above

***Recurrent infections (please comment):**

***Please check all that apply:**

- ☐ Gastrointestinal disease (reflux)
- ☐ Diabetes
- ☐ Hypertension
- ☐ Lung disease
- ☐ Heart disease
- ☐ Stroke
- ☐ Cancer
- ☐ Anxiety
- ☐ Death by suicide
- ☐ ADHD
- ☐ Behavior Problems
- ☐ None of the above

***If you checked any of the above, please note the family with the history of the issue.**



All fields marked with * are required.

MEDICAL INFORMATION

Social History:

*Primary language spoken in the home. List any other languages spoken.

*Legal issues that may impact treatment (divorce, custody, child services open cases, etc).

*Spiritual needs that may impact treatment?

*Cultural variables that may impact treatment?

*School information:

- ☐ Advance/Gifted
- ☐ Special ED inclusion
- ☐ Regular Education
- ☐ Special ED self contained
- ☐ Private School
- ☐ Daycare
- ☐ My child currently has an IEP
- ☐ None of the above

Name of school/daycare

Grade

Address of school/daycare

Contact name of school/daycare

Contact phone number

Contact Email Address

Please continue on the next page.



All fields marked with * are required.

MEDICAL INFORMATION

Teacher's name

Teacher's phone number

Teacher's Email Address

Comments/other

***Child resides with**

Thank You

Thank you for taking the time to complete the Zems Behavioral Services Patient Intake Form.

To ensure your information is submitted securely, please send this form via the SendSafe link provided to you in our previous email correspondence.

We look forward to supporting you and your child.:)