

# SUNSHINE THERAPY CLUB II, INC. SERVICE AGREEMENT

Between

---

**Name of Parent/Caregiver**

And

**Service Provider**

Regarding \_\_\_\_\_  
Child's Name

\_\_\_\_\_   
ChildLink Number

We at Sunshine Therapy Club II serve young children with developmental needs and their families. Through our services, we want to guide and support you so that you can help your child grow and develop in the best ways possible. Teachers (special instructors), therapists, and other early intervention personnel will make regular appointments with you to come to your home or the community setting in which your child spends his or her time. Because you know your child best and are truly his/her best teacher, it is very important that you work closely with the early intervention service providers and participate in the services your child receives through early intervention.

This agreement and its provisions will clarify for all participants the expectations for open and frequent communication. The Agreement:

- Outlines the responsibilities of the family/caregiver and provider
- Establishes the provider's commitment to provide uninterrupted services through careful planning and anticipation of need whenever possible
- Is a tool for open discussion regarding a family's ability to keep scheduled appointments

**I. We want to make sure that each family understands that:**

1. Services will be delivered in the natural environment and in most situations this will likely be in your home.
2. There will be no make-up for visits missed when parents/caregivers do not inform service providers in advance of cancellations or unavailability.
3. In the case of three consecutive visits missed (with the service coordinator and/or service provider), without advance notice, your child may be discharged from the specific service missed, or from early intervention services overall (in cases where visits are missed for all services provided).
4. If you are unhappy with a specific provider offering services to your child, you have the right to request a change of provider.

**II. You, parent/family member/care giver of \_\_\_\_\_ agree to:**

1. Keep scheduled appointments and actively participate in them.
2. Call me at \_\_\_\_\_ if you are not able to keep a scheduled appointment. Please call as soon as you know this. We understand that emergencies come up, and we are glad to be as flexible as possible to meet your needs. Remember that you can leave a message with my supervisor Nancy O'Toole at 610-955-1319 or at our agency's general number 610-853-9918 24 hours a day.
3. Promptly tell the service provider and your ChildLink Service Coordinator of any changes in phone number or address.

**III. The Sunshine Therapy Club II Provider agrees to:**

1. Set up appointments with you for (relevant EI services) that are on your child's Individualized Family Service Plan (IFSP). The appointment dates and times will be worked out with you to best meet your schedule.
2. Keep regular appointment times with you. We will let you know of any changes as soon as possible, such as a therapist being ill or a teacher taking vacation time.
3. Keep all information about your child and family confidential. We will not give information to others (outside of 0-3 early intervention) without your permission, and you can take back your permission at any time by telling your service coordinator or service provider.
4. Plan to provide services without any interruptions. If we know ahead of time that a therapist, teacher or other home visitor is not going to be able to keep an appointment or is going to be away for a while, we will work with you to make other arrangements.
5. Help you find other services for your child, when your child's team agrees that this is best for him/her.
6. Work closely with your ChildLink service coordinator.

#### IV. Missed Appointments

We very much want to provide support and services to you and your child. We can only do this, however, with your regular participation. We may not be able to continue services if there are two missed appointments that you did not cancel ahead of the appointment time. If this should happen, the following will occur:

1. We will contact you through phone calls, letters, and other means in order to talk with you about your interest in continuing the specific service(s) noted on your IFSP.
2. If we do not hear from you within 5 working days from the date of our first letter and phone calls, or 5 working days from the date of the second letter (with no contact in between), your child may be discharged from the service provided (or early intervention services overall if all services are affected). We will notify you in writing of the discharge.
3. Your service coordinator will contact you separately to determine if, perhaps, you are interested in changing service providers, or whether or not you are interested in receiving early intervention services at all at this time. You and your child may want to participate in EI services in the future.

#### V. Reporting Child Abuse/Neglect

All ChildLink staff and EI service providers are mandated reporters of child abuse and neglect according to the Child Protective Services Law (23 Pa.C.S. Chapter 63) and regulations in Chapter 3490 (relating to protective services). If at any time, the Service Coordinator or early intervention service provider suspects that child abuse or neglect has, or is occurring, or that a child is at imminent risk for abuse and/or neglect, they are required by law to report this suspicion. In every situation, the service providers will share their suspicion or concern with the Parent/Caregiver in advance, and the necessity to report.

**My initials below indicate that this has been discussed with me.**

*Parent/Caregiver Initials* \_\_\_\_\_

*Date:* \_\_\_\_\_

**NOTE: The provider representative has carefully reviewed this agreement with the parent/caregiver, and made certain that the person signing the agreement understands all of it. A copy of the signed agreement will be given to the parent/caregiver and a copy will be retained for the provider file.**

\_\_\_\_\_  
**PARENT/CAREGIVER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PROVIDER REPRESENTATIVE**

\_\_\_\_\_  
**DATE**