

South Bergen Jointure Commission

Home Based Services Manual for Home Programming Services

2017-2018

**Revised: August 2017
For Staff and Districts**

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MISSION STATEMENT

The goal of the SBJC Home Program is to teach students to become productive independent members of their family and community regardless of their disability. Therefore, ***the focus of the Home Program is to work with students and their families to develop and generalize skills in and to the natural environment.*** The SBJC Home Program will assist families and caregivers with techniques used during the school day which have been proven to be successful for their child. The Home Program will utilize Applied Behavior Analysis (ABA) strategies to teach skills and manage behaviors. All home programming will be data driven and evaluated on an ongoing basis to guide future programming.

PROGRAM DESCRIPTION

The types of programming appropriate for the Home Program may include; social skills, functional/daily living skills, behavioral issues and generalization of skills learned in school. Using the teaching methodologies of Applied Behavior Analysis (ABA), the techniques utilized in the home may include: discrete trial instruction, verbal behavior, fluency, incidental teaching, natural environment learning, and shadowing in both the home and community. All programming is data driven and data collection is required on any skill being taught or generalized.

Parent involvement is an essential component of the Home Program. All skills taught in the home environment will be introduced by the South Bergen Jointure Commission staff members and quickly generalized to the student's caregivers.

All Home Programming is driven by each student's Individualized Education Plan (IEP) and only provided when requested via South Bergen Jointure Commission's "Request for ABA Services Form". All Home Program Instruction will be goal based. Any request for changes in a student's Home Programming hours or goals and objectives must be directed to the Child Study Team (CST) case manager.

CONFIDENTIALITY

South Bergen Jointure Commission Staff are required to adhere to the following:

- Information regarding the student and/or their family is not to be discussed with any person outside that student's team or family.
- Any data or written information should be kept in a safe location in the home.
- If a domestic violence or child abuse situation is observed by SBJC staff, that staff is a mandated reporter and must report the incident to the appropriate authorities.

GENERAL POLICIES AND PROCEDURES

- The programs will be set-up and approved by the program coordinator with parent input. The coordinator will set-up each program by preparing the program sheets, graphs, materials and target lists. The coordinator will make any necessary changes in programs and/or target lists.
- After initial set-up the tutor will move the student on steps as per target lists. Data will be collected on all target skills and objectives and graphed at the end of each session.
- Parent and/or family member concerns regarding programming, including adding or changing programs, should be directed to the coordinator.
- 0 – 15 minutes at the end of each session will be dedicated to a review of the data collected, graphing, data sheet set-up and program logs.
- Staff members will collect and graph data until a program is mastered. Once the student demonstrates mastery of the skill, parents will be asked to implement the program. All skills will be modeled for the parent, the parent will be shown how to elicit the skill and the staff will be faded out.
- Discontinued programs should be kept in the student's data book in a separate section.
- Each student's data book is the property of the South Bergen Jointure Commission. If a student leaves the program or services are discontinued copies of the data may be made for the parent but all original documentation should be returned to the South Bergen Jointure Commission.
- The number of home programming hours a student receives will be determined on an individual basis and stated specifically in each student's IEP.
- A "Request for ABA Service" form must be submitted by the CST case manager in order for services to begin. This form must be re-submitted anytime a new IEP is implemented if the services are to continue.
- The coordinator will complete a brief progress summary at the time of a re-evaluation, annual review or any time a change in the program or its goals and objectives is necessary. In addition, after a home visit the coordinator will write a brief report summarizing progress and any changes in programming.
- The coordinator will write goals and objectives with input from the parent or guardian.
- If a student receives private therapy in addition to an SBJC Home Program, the private therapist have access to the data books as a guide but should not write in them. A collaborative relationship will be fostered between the school and the private team in the best interest of the student.
- A home program consultant who will be available to address staff and parent questions and/or concerns will oversee all Home Program cases.
- The SBJC Home Program will begin during the first full week of each new school year. Services are to be provided only when school is in session, as per the SBJC Maywood/Lodi Campus Calendar, unless otherwise stated in the student's IEP.

STAFF/STUDENT ABSENCES AND MAKE-UP POLICY

- If staff member must cancel a session it is his or her responsibility to contact other staff members working in that home to see if they are available to substitute for the day. In addition, the parent must be notified as soon as possible of the arrangements that have been. **While coordinators will not cancel sessions for staff members, they must also be notified of any cancellations or changes in scheduling.**
- If for any reason an SBJC staff member is unable to attend a session and no substitute is available, time will be made up within a reasonable time frame determined in conjunction with the student's district and the family.
- If the student is out of school or is sent home from school for any reason, the session for that day canceled and does not have to be made-up unless otherwise approved by administration. If the staff member working with the student does not work at the same campus as the student, the parent **must** contact the staff member directly or leave a message for the staff member at the appropriate campus canceling the session.
- If the parent cancels a session for any reason, the time does not have to be made-up unless otherwise approved by administration. The parent should contact the staff member directly or leave a message for the staff member at the appropriate campus cancelling the session.
- If student falls asleep during a session the staff member will remain to update the data books and when completed the staff member will end the session. The staff member will only charge for the time that he or she stayed and the remaining time does not have to be made up. If the student demonstrates a pattern of sleeping or acting-out during sessions resulting in session end early the coordinator should be notified.
- If the parent feels that the student is not performing up to his or her potential the session will be ended. The staff member will stay to graph data and fill out any paperwork. The staff member will only charge for the time that he or she stayed and the remaining time does not have to be made up.
- If school is closed for professional development and the students are off, sessions are automatically canceled and do not have to be made-up.
- If there is a snow day or an early dismissal due to inclement weather, sessions are automatically canceled and do not have to be made up.
- SBJC Administration may opt to cancel Home Program Services at any time due to inclement weather and these sessions do not have to be made up.
- Make-up time may be split up and added onto a session.
- Make-up time cannot be saved or banked for the purpose of filling vacation time.
- Staff members not required to work on weekends or during vacations. If a staff member misses a session and does not want to work during a vacation they cannot be required to do so. Adding time onto a session is a more desired approach.

REQUESTS FOR HOME PROGRAM STAFF CHANGES

- The South Bergen Jointure Commission Home Programming and Administrative Team will select to work in the homes/community.
- Parent/Guardian requests for changes in home program staff should be directed to the home program consultant or administration.
- If a parent/guardian unilaterally releases a staff member from their child's Home Program or requests immediate removal of the staff member, hours missed prior to providing a replacement may not be required to be made up.
- All parent requests will gladly be considered and/or discussed.

SAFETY AND HYGIENE

- A family member or responsible, age appropriate caregiver must be present in the home during the session at all times.
- For no reason shall a parent or caregiver leave the student alone in the home with the during a session. If the parent or caregiver needs to leave, another caregiver must be present or the session must be ended.
- For no reason shall an SBJC staff member leave the property with the student without the parent/caregiver present.
- If the student is working on a community-based skills the parent/caregiver must accompany the staff member.
- An SBJC staff member may not transport a student for any reason in his/her own car. If going into the community the parent/caregiver must provide transportation for the student. The staff member may follow in his/her own car.
- Unless the student is on a formal Toilet Training Program, toileting issues should be taken care of by the parent or caregiver. If the staff member is running a formal Toilet Training Program gloves should be worn at all times. Gloves will be provided by SBJC.
- If an accident occurs and the student is injured the SBJC staff will inform the parent or the caregiver and the parent/guardian will make the decision regarding medical care. The SBJC staff will fill out an incident/accident report and notify the coordinator immediately. The school administrator, home program consultant and school nurse must be informed by the following school day. Incident reports must be sent to Scott Rossig, Principal at the Maywood Campus, within 24 hours of incident.
- If an accident occurs and an SBJC staff member is injured the staff member will inform the parent/caregiver. The SBJC staff will fill out an incident/accident report and notify the coordinator and consultant immediately. If medical attention is necessary the staff member must be seen by an approved worker's compensation doctor (page 16). The necessary documentation (page 17) must be taken to the doctor, completed by the doctor, and returned. The school administrator and school nurse must be informed by the following school day. Incident reports must be sent to Scott Rossig, Principal at the Maywood Campus, within 24 hours of incident.

AGGRESSIVE BEHAVIORS

- If the aggressive behavior is occurring for the first time the staff member will write a detailed account of the antecedent to the behavior, the behavior, the amount of time the behavior lasted, and the consequence that followed the behavior.
- The written documentation of the behavior will be given to the coordinator and copied for the parent/caregiver. If more than one incident occurs a behavior plan will be written and implemented by the coordinator, in consultation with the home program consultant.
- The coordinator will write any behavior plans followed in the home. The plan will then be reviewed by the home program consultant, administration and parents/caregivers.
- All behavior plans will be approved and signed by the parent/guardian, coordinator, child study team member, administrator, home program consultant, and all home staff and then added to the student's IEP.
- Home program staff will not implement a behavior plan until they have been trained by the coordinator or a home program consultant.
- School-based BIPs are not automatically implemented in the home. Data needs to be collected in the home environment to determine the function of the behavior. If the school-based BIP is determined to be appropriate for use in the home by the coordinator and home program consultant, then home program staff will be trained in implementation. An additional signature page will be added to the BIP to reflect the home program staff that will be implementing the BIP in the home environment.
- If the student begins to engage in aggressive behaviors, the parent/caregiver should check in with the staff member to ensure that he or she does not need assistance.
- If the staff member feels that they can safely manage the aggressive behaviors the parent can step away. The parent/caregiver should remain within earshot in case at any point the staff member feels that the situation has changed and they do need the parent/caregiver to step in.
- If the staff feels that he or she needs assistance or is not comfortable for any reason with continuing the behavioral intervention the parent must step in and take over for the staff member. The staff member will then report the incident to the coordinator.
- Although staff may be trained in Crisis Prevention Institute (CPI) techniques, physical restraints and holds may not be in the home. Staff must call for a parent to address the behavior if there is a fear of the child hurting him/herself or staff. Verbal de-escalation, blocking, and disengagement techniques may be utilized.

TIME SHEETS

- All SBJC staff will complete the approved time sheet. After each session staff must fill in the hours completed and have a parent or caregiver initial the appropriate column on the time sheet. At the end of the month the hours worked must be totaled and a parent or caregiver must sign it before the staff can turn in the timesheet for further signatures.
- Signatures of the staff member, parent/caregiver, coordinator, consultant and administrator and must be present on all time sheets in order to be paid.
- All time sheets must be filled out completely, including the student's full name, the district, the staff member's full name, total number of hours worked and the month in which the services were provided. Times must be reported in 15-minute increments.
- All time sheets should be submitted once per month for reimbursement.
- All time sheets for September to June must be submitted no later than June 30th for reimbursement. July 1st begins a new school year and time sheets for the past year may not be paid if they are submitted past the June 30th deadline.
- Make-up time must be indicated as "make-up" time on the time sheet and approved by the coordinator.
- For no reason shall staff indicate on a time sheet a date or amount of time for which services were not provided. If a staff member indicates that services were provided on a date or time that they were not provided, no payment will be provided and the staff member may be terminated from the Home Program.
- Make-up time cannot be saved or banked for the purpose of filling vacation time. The only time that should be billed is the time that has been worked.
- Time sheets for the previous month must be submitted to the home program consultants by the first Friday of the month. This does not guarantee payment on the 15th.
- Time sheets ***MUST*** be submitted ***MONTHLY***. If time sheets are submitted beyond a one month time period, providers risk forfeiture of payment.

COORDINATION TIME

- Any student receiving 32 - 40 hours of tutoring services per month will receive up to 7 hours of coordination per month by the coordinator, (unless otherwise stated by the student's district), in the form of home visits, preparation of materials, data review, changes in programs, report writing, development of IEP summaries and goals and objectives. An additional one hour per month may be utilized for home-based service coordination by the South Bergen Jointure Commission Home Program Consultant.
- Any student receiving between 20 - 31 hours of tutoring services per month will receive up to 6 hours of coordination per month by the coordinator, (unless otherwise stated by the student's district), in the form of home visits, preparation of materials, data review, changes in programs, report writing, development of IEP summaries and goals and objectives. An additional one hour per month may be utilized for home-based service coordination by the South Bergen Jointure Commission Home Program Consultant.
- Any student receiving 12 - 19 hours of tutoring services per month will receive up to 5 hours per month of coordination by the coordinator, (unless otherwise stated by the student's district), in the form of home visits, preparation of materials, data review, changes in programs, report writing, development of IEP summaries and goals and objectives. An additional one hour per month may be utilized for home-based service coordination by the South Bergen Jointure Commission Home Program Consultant.
- Any student receiving less than 12 hours of tutoring services per month will receive up to 3.5 hours per month of coordination by the coordinator, (unless otherwise stated by the student's district), in the form of home visits, preparation of materials, data review, changes in programs, report writing, development of IEP summaries and goals and objectives. An additional one hour per month may be utilized for home-based service coordination by the South Bergen Jointure Commission Home Program Consultant.
- Any student that does not receive a formal home program in their home but receives services in an after-school daycare center or similar facility, for the purpose of increasing socialization skills will receive coordination hours per month. Coordination hours will be used to observe at the site, meet with site employees, prepare materials, review data, and make changes in programs. The exact amount of coordination will be determined on a case by case basis by the Home Program Consultant and Administrator dependent upon the total number of direct service hours being provided and the type of skills being worked on in the out-of-home setting.
- Initial program set-up for new students may include additional hours to set-up the program and materials. An administrator must gain approval for these additional hours from the child study team prior to the service being provided.
- Any changes in staff may result in a temporary increase in coordination or tutor hours for the purpose of training new staff members to work with an existing program/student. This may occur during any staffing changes that are required throughout the year. An administrator must gain approval for these additional hours from the child study team prior to the service being provided.
- Home Programming Clinics be convened at a maximum of two hours per month. The time used for a clinic must come from the hours that the student is allowed in his or her IEP, and should not cause the billable hours to go over the maximum number of hours per week/month a student is allowed. The purpose of the clinic is to discuss, plan and strategize home programming and behavior. Participants in home clinics should include the coordinator, tutors, parent(s)/guardian(s) and family members. The home program consultant assigned to the family also attend if necessary.

REPORTING PROCEDURES

- All coordinators and parent trainers will be required to submit *Monthly Visit* reports. These forms should be completed and turned in monthly along with time sheets and tracking forms. These forms will be kept on file and will be available to parents upon request. They will be sent to the appropriate child study teams on a monthly basis.
- The home program consultant assigned to each case will review reports monthly and provide feedback to providers as necessary.

JOB DESCRIPTION - COORDINATOR

- The coordinator will contact the family, provide an informal introduction, determine parents' tentative schedule for services being provided and schedule a first meeting.
- The coordinator will contact the that have been assigned to the home and determine their schedule of interest.
- The coordinator will meet with the parent to discuss program goals, parent expectations, provide and review the home program manual, and schedule tutors with parent.
- The coordinator will write the goals and objectives that will be implemented in the home. This should be done when a program is first started, at the time of an IEP meeting or at any time data shows that changes need to be made to the student's current Home Program goals and objectives.
- The coordinator will develop the Home Program book, including writing programs, adding needed graphs, and creating any necessary materials.
- The coordinator will attend one of the first sessions with each to ensure effectiveness and provide any needed training.
- The coordinator should review the program book on a regular basis.
- Team meetings (clinics) must be held monthly in order to discuss progress in skill acquisition, any needed program changes and scheduling conflicts. The coordinator is responsible for scheduling team meetings.
- Anytime new programs are implemented, the coordinator must ensure all staff running the program consistently and effectively.
- The coordinator will complete a *Monthly Visit* report for each home program case they coordinate. These should be emailed monthly at the same time that staff time sheets are submitted.
- The coordinator must sign off on the time sheets for all the staff working in each home. All time sheets for each home should be submitted to the home program consultant together.
- Coordinators will initially provide their home program consultant with a list of programs and target lists that will be implemented in the home. This list should be updated/shared as appropriate. Feedback from consultants will be provided as necessary.
- The coordinator will submit a Home Program PLAAFP and Goals and Objectives for the student's IEP meetings. Reports should include the progress the student has made, current level of programming, and any recommendations.

JOB DESCRIPTION – TUTOR

- Information regarding placement will be provided to the tutor by either a home program consultant or the coordinator assigned to that home.
- During one of the first sessions, the coordinator will accompany the tutor to help with program implementation and training needs.
- The tutor is responsible for running programs in the program book as well as taking and graphing data.
- No more than 15 minutes at the end of each session should be used for graphing. If a staff member is having difficulty completing the data collection/graphing in the time allotted he/she should contact the program coordinator for assistance.
- Either the tutor or a family member must supervise the student at all times.
- Any questions about programming or scheduling must be directed to the coordinator.
- If the tutor cannot attend a session, every effort must be made to contact other tutors working with that student, (if applicable), to take the hours for that day. If a substitute is not available, the tutor must contact both the coordinator and parent. The tutor that cancelled the session is required to provide the make-up hours or secure one of the other in-home providers to make up the time.
- Attendance for any scheduled monthly clinics is required.
- Any concerns should be discussed with the coordinator first. If they are not resolved, the tutor should then inform either a home program consultant or Scott Rossig.

JOB DESCRIPTION – HOME PROGRAM CONSULTANT

Main responsibilities during the school day:

- Contact parents to facilitate staff placement and scheduling.
- Recruit staff to do the in-home work.
- Observation of staff to ensure appropriate placement.
- Provide staff with applications and determine eligibility.
- Observation of students in the school setting to bridge the efforts between home and school.
- Communication with teachers/therapists of students that receive home programming to address concerns and needs.
- Contact Case Management Team of any program changes/concerns.

Main responsibilities after school hours:

- Home visits and clinics
- Material Preparation (assisting coordinators)
- In-home staff training (tutors, coordinators, parent trainers)
- Observation of in-home service providers
- Update of manual and protocols as needed.
- Schedule and advertise home program staff meetings as required.
- Monitor hours provided by staff in accordance to mandate.
- Review, Sign and deliver time sheets to Scott Rossig.
- Coordinate all home programming changes and needs.
- Provide services to parents, coordinators, parent trainers in regards to concerns and needs.
- Communicate all home programming needs to Scott Rossig.
- Review all monthly reports submitted by Coordinators/Parent Trainers. Provide feedback to said staff.
- Forward monthly reports to CST Case Managers or CST Secretaries.
- Forward monthly reports for SBJC students to the SBJC building secretary so that the report can be added to the student's file.

WORKER'S COMP 17-18

Primary	Allied Medical Associates		Wayne Commons, 510 Hamburg Tpk, Ste 101	Wayne
Primary	Assoc. in Primary Care		25 E. Willow Street	Milburn
Primary	Clara Maass Medical Ctr		1 Clara Maass Drive	Belleville
Primary	Clifton Medical Center		1001 Main Avenue	Clifton
Primary	Colaneri, John		585 Hoboken Road	Carlstadt
Primary	Community Medical Ctr		67 Rt. 37 West, Bldg. 2	Toms River
Primary	Complete Care		1814 East 2nd. Street	Scotch Plains
Primary	Concentra Medical Center		150 North Street	Teterboro
Primary	Concentra Medical Center		283 Piaget Avenue	Clifton
Primary	Diagnostic & Treatment Ctr		1475 Bergen Boulevard	Fort Lee
Primary	Doctor's Inn		171 Lake Street	Ramsey
Primary	Doctor Express		E. 67 Ridgewood Ave	Paramus
Primary	The Doctor's Office		110 Ridgewood Ave	Paramus
Primary	Emergimed		663 Palisade Ave	Cliffside Park
Primary	First Care		464 Valley Brook Ave	Lyndhurst
Primary	Forest Health Care		277 Forest Avenue, Suite 200	Paramus
Primary	Corporate Wellness	Occ Med	87 Rt. 17 North, Suite 137	Maywood
Primary	Heights Medical		288 Boulevard	Hasbrouck Heights
Primary	Holy Name Hospital	Occ Med	718 Teaneck Road	Teaneck
Primary	Inmedicenter		1355 Broad Street	Clifton
Primary	Kimball Medical Center		500 River Avenue	Lakewood
Primary	Kramberg, Robert		2035 Hamburg Turnpike, Suite L	Wayne
Primary	Mahwah Medical		10 Franklin Tpke	Mahwah
Primary	Med Care of East Rutherford		245 Park Avenue	East Rutherford
Primary	Monmouth Medical Ctr		300 Second Avenue	Long Branch
Primary	Occupational Med Assoc		17-15 Maple Avenue	Fair Lawn
Primary	Paramus Medical & Sports		205 Robin Rd, Suite 1118	Paramus
Primary	Prompt Med Urgent Care		185 Bridge Plaza, Suite 10	Fort Lee
Primary	Redi Med of Maywood		186 Rochelle Ave	Rochelle Park
Primary	Rochelle Park Medical Ctr		365 Rochelle Park Ave	Rochelle Park
Primary	St. Barnabus Med Ctr	Occ Med	101 Old Short Hills Rd	West Orange
Primary	Thomas Cacciola, MD		403 Fairview Avenue	Paramus
Primary	VH/Dumont		40 Washington Avenue	Dumont
Primary	CLOSED			
Primary	VH/Montvale		85 Chestnut Ridge Road	Montvale
Primary	VH/Riverdale		72 Hamburg Turnpike	Riverdale
Primary	VH/Teaneck		780 Cedar Lane	Teaneck
Primary	VH/Waldwick		159 Franklin Turnpike	Waldwick
Primary	Wellcomecare Med. Assoc		210 Passaic Street	Garfield
Primary	Wood-Ridge Medical Assoc		288 Valley Boulevard	WoodRidge

* HLMC

EMPLOYEE'S REPORT OF INJURY

Name & Address _____ Date of Birth _____

Home Phone _____ Social Security No. _____

Dept. Where Employed _____

Name of Supervisor _____

Weekly Earnings:

Salary _____ (or) Hours per Week _____ Rate per Hour _____ Days _____

Date & Time of Injury _____

Place of Injury _____

Describe Accident or Occurrence:

Describe Injury and Medical/Hospital Care to Date:

Witnesses to Injury or Person(s) with Knowledge of Accident or Injury:

Date Returned to Work _____

Remarks: _____

(Your Signature)

(Date)

(Nurse's Name & Signature)

(Date)

PLEASE RETURN THIS FAX WITHIN 24 HOURS OF PATIENT VISIT

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED BELOW. THIS MESSAGE MAY BE A PHYSICIAN/PHYSICIAN COMMUNICATION, AND AS SUCH, IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF SAID MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY PHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL.

TO _____ DATE _____

INSURANCE CO./TPA BERGEN RISK MANAGERS, INC.

PATIENT NAME _____ S.S.# _____

FILE# _____ DATE OF ACCIDENT _____

EMPLOYER _____

DATE OF SERVICE _____

DIAGNOSIS/PROGNOSIS _____

RESTRICTIONS _____

Restrictions Effective Until _____

TESTS ORDERED _____

RX: Prescription of Drugs or Supplies _____

PHYSICAL THERAPY _____ Yes (Duration & Type) _____
_____ No Authorization # _____

RETURN TO WORK (No Restriction) _____ () LT DUTY UNTIL _____

NEXT OFFICE VISIT _____ Time In: _____ Time Out: _____

PHYSICIAN _____

(Dictation To Follow)

RECOMMENDATIONS/COMMENTS _____

CC: FAXED TO: _____

BERGEN RISK FAX # 201/825-2230

South Bergen Jointure Commission
CAMPUS DIRECTORY
2017-2018
www.southbergenjointure.org

Carlstadt Campus

550 Washington Street
Carlstadt, NJ 07072
201-672-3000 – Main Office
Principal: Ms. Lorraine Rake
Secretary: Ms. Janine Kelly

Moonachie Campus

c/o Robert L. Craig School
20 West Park Street
Moonachie, NJ 07074
201-641-5833 Main Telephone
201-641-0132 Telephone
201-814-1728 Fax
Principal: Dr. Dawn Fidanza
Asst. Principal: Ms. Lauren Basso
Secretary: Mrs. Joanne Sontag

South Hackensack Campus

c/o Memorial School
Vreeland and Dyer Avenues
South Hackensack, NJ 07606
201-845-8818 Telephone
201-845-6408 Fax
Principal: Mrs. Holly Ehle
Secretary: Ms. Corey Kroll

Lodi Campus

123 Union Street
Lodi, NJ 37644
973-249-0995 Telephone
973-249-0968 Fax
Principal: Dr. Dawn Fidanza
Asst. Principal: Ms. Lauren Basso
Secretary: Mrs. Joanne Sontag

Primetime – East

Rutherford
20 Hackensack Street
East Rutherford, NJ 07073
201-355-8678 Telephone
201-355-8694 Fax
Principal: Ms. Lorraine Rake
Secretary: Ms. Janine Kelly

Little Ferry Campus

123 Liberty Street
Little Ferry, NJ 07463
201-641-6760 Telephone
201-641-4072 Fax
Principal: Mr. Scott Rossig
Secretary: Ms. Corey Kroll

Maywood Campus

404 Maywood Avenue
Maywood, NJ 07607
201-845-8818 Telephone
201-845-6408 Fax
Principal: Mr. Scott Rossig
Secretary: Ms. Corey Kroll

Ridgefield Park Campus

110 Mt. Vernon Street
Ridgefield Park, NJ 07660
201-336-9855 Telephone
Principal: Ms. Holly Ehle
Secretary: Ms. Corey Kroll

**Superintendent / Board
Office**

500 Route 17 South, Suite 307
Hasbrouck Heights, NJ 07604
201-393-0475 Telephone
201-288-2825 Fax

South Bergen Jointure Commission

500 Route 17 South, Suite 307
 Hasbrouck Heights, NJ 07604

TIME SHEET FOR HOME PROGRAMMING – COORDINATOR

Student Name: _____ Employee Name (print): _____

District: _____ Month & Year: _____

Day	Parent Initials	In Time	Out Time	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Day	Parent Initials	In Time	Out Time	Total
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

GRAND TOTAL HOURS: _____ MINUTES: _____

Coordinator's SIGNATURE: _____ Date: _____

Parent's SIGNATURE: _____ Date: _____

Consultant's SIGNATURE: _____ Date: _____

Administrator's SIGNATURE: _____ Date: _____

Office Use Only:

Checked: _____ x Rate \$ _____

Date Paid: _____ Total \$ _____

c:

South Bergen Jointure Commission

500 Route 17 South, Suite 307
 Hasbrouck Heights, NJ 07604

TIME SHEET FOR HOME PROGRAMMING – Tutor (Teacher)

Student Name: _____ Employee Name (print): _____

District: _____ Month & Year: _____

Day	Parent Initials	In Time	Out Time	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Day	Parent Initials	In Time	Out Time	Total
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

GRAND TOTAL HOURS: _____ MINUTES: _____

Tutor's SIGNATURE: _____ Date: _____

Parent's SIGNATURE: _____ Date: _____

Program Coordinator's SIGNATURE: _____ Date: _____

Consultant's SIGNATURE: _____ Date: _____

Administrator's SIGNATURE: _____ Date: _____

Office Use Only:

Checked: _____ x Rate \$ _____

Date Paid: _____ Total \$ _____

c:

South Bergen Jointure Commission

500 Route 17 South, Suite 307
 Hasbrouck Heights, NJ 07604

TIME SHEET FOR HOME PROGRAMMING – Tutor (ASSISTANT)

Student Name: _____ Employee Name (print): _____

District: _____ Month & Year: _____

Day	Parent Initials	In Time	Out Time	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Day	Parent Initials	In Time	Out Time	Total
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

GRAND TOTAL HOURS: _____ MINUTES: _____

Tutor's SIGNATURE: _____ Date: _____

Parent's SIGNATURE: _____ Date: _____

Program Coordinator's SIGNATURE: _____ Date: _____

Consultant's SIGNATURE: _____ Date: _____

Administrator's SIGNATURE: _____ Date: _____

Office Use Only:

Checked: _____ x Rate \$ _____

Date Paid: _____ Total \$ _____

c:

South Bergen Jointure Commission

Home Program Tracking Form

Student's Name: _____ District: _____ Month/Year: _____

Sessions Completed

Date	Duration	Tutor's Initials	Parent's Initials	Make up* Date/# of hrs
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total				

Sessions Missed

Date	PC Duration	SC Duration	Tutor's Initials	Parent's Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total				

*SC: Staff Cancelled

*PC: Parent Cancelled

*M: make up (please indicate date make up is for and amount of time made up)

Parent's Signature: _____

Date: _____

Coordinator's Signature: _____

Date: _____

South Bergen Jointure Commission

IN-HOME PROGRAM Emergency Contact Information

2017-2018 School Year

Parent/Family Member – Please complete this form and provide to the Home Program Coordinator to be placed in the front of the home program binder. The emergency contacts should be someone other than yourself that can be reached in case of an emergency involving you, where another adult outside of the home should be reached. THANK YOU!

Emergency Contact # 1	Emergency Contact # 2
Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Relation to child: _____	Relation to child: _____

Please complete this bottom portion to provide us important health/safety information about your child. Coordinators will retain for their records, make a copy for their home program consultant and place a copy into the Home Program Data Book.

Allergies

Food Sensitivities

Medication

I have received a copy of the 2017-2018 Home Programming Manual.

Parent name (please print): _____

Student name (please print): _____

Parent Signature: _____ Date: _____

South Bergen Jointure Commission

IN-HOME PROGRAM

Dear Families and Staff -

For the safety of our students and staff, we would like to review the SBJC policy on **guardian supervision of a home therapy program**. The SBJC Home Program manual reads:

- “For no reason shall a parent or caregiver leave the student alone in the home with the therapist during a session. If the parent or caregiver needs to leave, then either another caregiver must be present or the session must be ended.”
- “For no reason may the staff member leave the property with the student without the parent present.”
- “If the student is working on a community-based skill the parent must accompany the staff member.”
- “Staff may not transport a student for any reason in their own car. If going into the community the parent must provide transportation for the student. The staff may follow in their own car.”

Unacceptable	Acceptable
The student earns a walk down the block as a reinforcer. The SBJC staff member goes alone with the student.	The student earns a walk down the block as a reinforcer. A parent/caregiver follows within eyesight.
The parent needs to leave for five minutes to pick up a sibling from the dance school across the street.	The parent needs to leave to pick up a sibling; the parent takes the student with him/her and the SBJC staff member waits in the car. The session ends at the pre-determined time.
The coordinator and the tutor are both home with the student so the parent leaves because there are two adults there.	The coordinator and the tutor are in the home with the student; parent is in the kitchen or another room in the house that is not the therapy room.
During a Purchasing Program in the community, a parent runs into the store next door to pick up a few things.	The parent/caregiver stays within eyesight during the community outing.

Please understand that this policy is **not intended to inconvenience our families or staff**. We know how much commitment it can take to provide adequate oversight of an ABA home program. This policy is in place for the **safety of your child and our staff**.

If a parent/guardian is unable to be present in the home during a session or community outing, a surrogate, (age 18 years or older), may be designated by the parent/guardian to take responsibility for the welfare of the student. Please submit the name of that person to the home program coordinator.

If there are any questions about this policy, or specific instances where this policy may impede therapy, please feel free to contact Scott Rossig at 201-845-8818.

Your signature below indicates that you understand this policy and have approached SBJC with any questions that you may have. **Your signature indicates that you agree to remain in compliance with this policy.**

X _____
Parent/Guardian 1

X _____
Parent/Guardian 1

X _____
SBJC Team Member

X _____
SBJC Team Member

X _____
SBJC Team Member

X _____
SBJC Team Member

South Bergen Jointure Commission

Home Program Monthly Report

Student:

Coordinator:

District:

Month/Year:

Total hours per week/ month:

Trial by Trial data is being taken on the following programs. Criterion: ____% for ____ consecutive sessions

Program	Targets (mastered and current for the month)	Last 3 data points (scores per target)	Modifications/Comments

Task Analysis data is being collected on the following programs. Criterion: ____% for __ consecutive sessions.

Program	Current Step (s)	Last ____ Scores	Steps Mastered this month	Modifications/Comments

Maintenance Programs

Program	Targets	Average Score	Comments

Comments:

South Bergen Jointure Commission

BOARD OF EDUCATION
500 Route 17 South, Suite 307
Hasbrouck Heights, NJ 07604

Dawn M. Fidanza Ph.D.
Superintendent

(P) 201-393-0475
(F) 201-288-2825

REQUEST FOR IN-HOME ABA PROGRAMMING

Date of this Request: _____

School District: _____

District Contact Person: _____ Phone # _____

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Phone #: _____

Check Services Requesting:

- Parent Training (select one) _____ hours per WEEK
_____ hours per MONTH
_____ Total number of hours requested

- In- Home ABA Therapy Program _____ visits per week x 60 minutes.

(Hours for coordination of in-home programs will be as per SBJC Home Program Manual guidelines unless otherwise requested)

This service will be provided during:

- During regularly scheduled school days ONLY
 Uninterrupted (regular school days AND over school holidays)
 During ESY
 During August

(Signify if hours provided during the summer or school holidays differ from regular school days)

Requested Start Date: _____ (two week lead time usually needed)

Signature of Board Secretary or Designee

For Jointure Use Only:

Coordinator: _____ ABA Therapists: _____

Start Date: _____

Rev 7/2015