

New Client Information Packet

Please take a moment to download this information and keep it to reference in the future. Due to the overwhelming need for free advocacy for children with disabilities, we at Leading Education & Advocacy for Families, Inc. need you to understand and be mindful of some strategies and procedures in place to help streamline your service and open up time for others.

Included in this download:

- ✿ Consent to Obtain/Release Information: this enables our advocates to speak to school personal, behavioral specialists, anyone who can assist us in progressing conditions for your child.
- ✿ Leading Education & Advocacy for Families, Inc. (LEAF) Contract: this stipulates what the expectations are for us to work together as well as what would be considered for dissolution of this agreement.
- ✿ Triage Information Sheet: please fill out this information to expedite services and assure that all materials are easily accessible.
- ✿ LEAF Advocacy Services Price List: this is the value of our services that you may or may not be responsible for depending on the terms of your signed contract.
- ✿ Donation Letter: this letter is for you to take out in your community to help defray the costs of Free Advocacy Services. Please make copies and give to businesses, restaurants, employers, your friend's and family's employers and your friends and family.

Please print out, fill out, sign and return the first three documents. They can be scanned to email sent to info@leafpa.org, faxed to (412)279-2470 or mailed to LEAF, Inc. P.O.Box 16004 Pittsburgh, PA 15242

Once you have been assigned an advocate, they will provide you a general time frame of their availability. When scheduling a meeting, consider doing it via email. In the email include and introduce the advocate and request a few dates and times to accommodate your team. This assures that everyone is available and on the same page.

If you have any questions, please feel free to call us at (412)760-3210

Thank you!

Consent for Release of Confidential Information



LEAF

Leading Education & Advocacy for Families

RE: Name _____
Date of Birth _____

I, _____ do hereby consent to and authorize Leading Education & Advocacy for Families (LEAF) and Michelle Sedlak to:

() release to: Name: _____
() obtain from: Address: _____

The information from confidential records relating to the identity, diagnosis, prognosis, and/or treatment of the above-named individual during the time period of _____.

I request that the following information also be disclosed:

- | | | |
|--------------------------------|--------------------------|-------------------------------|
| () Initial Evaluation | () History and Physical | () Psychosocial History |
| () Psychological Test Reports | () Treatment Plan | () Progress Notes |
| () Psychiatric Evaluation | () Discharge Summary | () Discharge Plan |
| () Educational Test Reports | () School Transcript | () Individual Education Plan |
| () Other: | | |

I understand that the purpose of this disclosure is to:

() provide continuity of care () _____

The information released may include AIDS and/or HIV-related testing, psychiatric conditions, drug and/or alcohol use. I understand that in order to protect the confidentiality of records, my agreement to obtain or release information is necessary and that this permission is limited for the purpose of and to the persons or organization listed above. I also understand that I may revoke this authorization at any time by written request to LEAF Leading Education & Advocacy for Families, Inc. P.O.Box 16004 Pittsburgh, PA 15242 (except for information already disclosed) or by calling (412)760-3210.

I have read and understand the above release. This consent will remain in force for a period of 365 days from the date of my signature and is revocable upon my written request except to the extent that the action has already been taken in reliance thereon.

Date

Signature of client/responsible part
Relationship to client: () Self () Parent/Guardian

CLIENT SERVICES AGREEMENT

This AGREEMENT is made and entered into in duplicate pursuant to the laws of this Commonwealth this _____ day of _____, 20____ by and between

Leading Education & Advocacy for Families, Inc. AND _____
Michelle Sedlak of _____
P.O.Box 16004 _____
Pittsburgh, PA 15242 _____

WITNESSETH that it is mutually agreed by the parties to this legally binding Agreement, in consideration of the mutual covenants set out herein, as follows:

The above-named **CLIENT** _____, who has sought the services of Leading Education & Advocacy for Families, Inc. (LEAF, Inc.), will abide by common sense standards of behavior of seeking services. For the duration of this contract, the CLIENT will not seek services or consultations from any other like provider. It is a duplication of services and will immediately void this agreement. LEAF, Inc. representative(s) will terminate client relationship and you will be billed the full price of services rendered to date of discovery as per the LEAF Advocacy Services Price List.

LEAF, Inc. / MICHELLE SEDLAK shall fulfill the required service to the client in assisting with their navigation of systems that they encounter in effort to sustain/improve their child’s educational, social, physical, medical and emotional needs. This should not imply that LEAF, Inc. will make any decisions or choice on the client’s behalf. Any choice made by the client is theirs, and theirs alone.

LEAF, Inc./ MICHELLE SEDLAK shall charge the fee of \$0/hr., billed on quarter hour increments, and agrees to not be treated as an employee, since he/she will have sole control/flexibility over his/her schedule, etc.

IN WITNESS WHEREOF, and intending to be legally bound hereby, the parties hereto have caused this Agreement to be executed the day, month and year first written above by affixing their respective hands and seals below.

ATTEST:

BY: _____ BY: _____
MICHELLE SEDLAK/LEAF, Inc. Witness

ATTEST:

BY: _____ BY: _____
CLIENT Witness



LEAF

*Leading Education &
Advocacy for Families*

**Leading Education and
Advocacy for Families
Triage Sheet**

Initial Contact Date:

Referral Source:

CHILD'S NAME	
Parent/Guardian Name	
Phone Numbers	
Diagnosis	
Child's Age and Grade Level, Accommodations	
School Name/ School District	
School Contacts	
Other Contacts	
Description of problem/other concerns	

Contact:

Dear Friend,

I am in need of your help. My child needs an Advocate to help us receive the appropriate assistance from our local schools. I am working with an organization, Leading Education & Advocacy for Families, Inc., which is a non-profit organization that provides these services for free. Advocacy is important and needed in my child's life and education. A paid advocate would cost me between \$90/hour to \$5,000 retainer fee. This organization does not charge families for their services; however, they are severely underfunded due to their amazing success and constant requests for help that come in daily.

I am asking you to sponsor this non-profit or make a donation on our behalf to help my child and other children in our community. LEAF is a 501(c)(3) not for profit corporation (TID: 26-2725087) therefore, any donation or sponsorship is tax deductible by the laws governing non-profits.

Further information on this organization can be found at www.LEAFPA.org or by calling (412) 760-3210. Donations can be made directly on the web site or by sending checks made out to LEAF, Inc. and mailed to P.O. Box 16004, Pittsburgh, PA 15242.

Thank you for supporting my child,