

Thank you for your interest in Carle Auditory Oral School's Outreach Program!

Attached you will find the documents required to complete our intake process. Please print, complete, and return the documents. If you do not have access to a printer, please share your mailing address and we will send a packet to you in the mail. Forms can be returned by scanning and emailing the forms to me at Danielle.Chalfant@carle.com or by mailing them to us at Carle Auditory Oral School, 611 W. Park St., Urbana, IL 61801 ATTN: Outreach Intake Forms.

- Outreach Information Form
- Consent for Tele-Intervention
- Consent to Use Google Drive
- Therapy Tuition Billing Policy
- Tuition Express Information Forms

The [Outreach Information Form](#) allows us to collect contact information and communication preferences for our outreach families to help us to stay connected with you moving forward. There is a section for you to share information about members of your child's household as well. We have included this section because children often share stories about parents, siblings and other members of their household during therapy and having the names and ages up front helps us to be better communication partners. The third section of the form asks for contact information for other members of the child's team so that we can collaborate with them to ensure that your child's learning is as effective, relevant and efficient as possible. We offer a variety of Outreach Support services. Some are billed to insurance, others are billed through therapy tuition. Please complete the bottom section of the form if you are planning to access our therapy tuition sliding scale.

The [Consent for Tele-Intervention](#) documents your consent for your child's outreach services to be provided using Zoom.

The [Consent to Use Google Drive](#) documents your consent for the creation of a folder on the google drive which contains your child's outreach goals, documents progress toward those goals, and allows for consistent collaboration between individuals who have access to the drive.

The [Therapy Tuition Billing Policy](#) outlines the billing policy for outreach services. Please review this document and sign at the bottom of the Outreach Information Form to indicate your understanding and agreement with the policy.

Families that access the therapy tuition sliding scale have the option of making monthly payments by check, or to use our Electronic Funds Transfer payment option. After your intake packet is reviewed, I will be in touch to discuss your cost per session and approximate billing dates. If you choose to use Tuition Express, the [Tuition Express Information Forms](#) attached to this email provide information about how Tuition Express works and includes a form where families can enter their routing and account information to allow for deductions to occur. Please let us know if you have any questions about these payment options by contacting Myra Fawbush (Myra.Fawbush@carle.com) and Danielle Chalfant (Danielle.Chalfant@carle.com). We look forward to hearing back from you!

Sincerely,

Danielle M. Chalfant, Director
Carle Auditory Oral School

Outreach/Therapy Information Sheet

Child's Name: _____ Birth Date: _____

In the event that we need to communicate with you during the day, please rank your preferred method of communication in the spaces provided below, with "1" being the primary mode of communication:

ADULT 1:

ADULT 2:

Name:		Name:	
Address:		Address:	
City/Zip:		City/Zip:	
Cell Phone:		Cell Phone:	
Text OK? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Carrier:	Text OK? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Carrier:
Work Phone:		Work Phone:	
Email:		Email:	

Family: Please list all persons living in the household(s) with the child. Please provide ages of other children in the home:

Name	Nickname	Relationship	Sex	Age

COLLABORATION INFORMATION:

Pediatrician's Name:	Pediatrician's Phone #:
School Name and Address:	
Teacher Name:	Teacher Email:
Speech Language Pathologist Name:	Speech Language Pathologist Email:
Hearing Itinerant Name:	Hearing Itinerant Email:
Audiologist Name:	Audiologist Email:
Name/Role of Other Members of the Team:	Other Members Email:

*If accessing the sliding scale, please attach most recent tax return to this intake packet so that we can determine your rate. Sign below to acknowledge receipt and agreement with the therapy tuition billing policy.

Signature: _____	Signature: _____
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I/we plan to: Enroll in Tuition Express Make monthly payments by check

Office Use Only: Assigned Rate per Session _____



CARLE AUDITORY
ORAL SCHOOL





INFORMED CONSENT FOR TELEHEALTH CONSULTATION

- Carle Foundation Hospital _____
- Carle Physician Group _____
- Carle SurgiCenter _____
- Hoopeston Regional Health Center _____



imprint

A telehealth consultation has been recommended as a way to facilitate my care. Telehealth allows my condition to be assessed by a specialist who is not in my community. In order to perform the telehealth consultation, the specialist will review information about my condition. My healthcare provider will decide what information will be provided. The information will be transmitted electronically. Electronic transmission of information is like an e-mail but takes place using protected and dedicated communication lines. Information to be transmitted may include patient reports, laboratory results, radiograph reports, and photographs. In some situations, my healthcare provider will receive the specialist's report and will be able to review the recommendations with me.

By signing this agreement, I authorize the electronic transmission of my medical information and/or a telehealth session to _____ (name of healthcare provider completing telehealth consultation) and other persons involved in my medical treatment and care. I understand the specialist providing the telehealth consultation and other persons involved in this telehealth consultation will have access to this information if applicable. I have been advised that the likelihood of this transmission being intercepted by persons other than those at the consulting site is extremely small. I understand that this agreement is not intended to describe actual treatment limitations and risks. This agreement is intended only to describe limitations and risks specific to the electronic transmission of information.

I understand that I can withdraw my permission to participate in a telehealth consultation at any time. Although I may choose not to answer any questions that I consider to be inappropriate or am unwilling to have heard by other persons, doing so may impair the specialist's ability to understand and address fully my healthcare issue(s). I understand that if I choose not to participate in the telehealth consultation, no action will be taken against me. I am always at liberty to pursue a face-to-face consultation.

I understand telehealth does have limitations. For example, the specialist is not able to palpate (directly examine with one's hands) but may use small special cameras to view close up details during a physical exam. My healthcare provider will address any other questions that I may have about the limitations of telehealth applicable to my specific condition.

I understand that if applicable, medical records of telehealth services will be kept at both the referring site and the consulting site. If I want to obtain copies of my records, I understand that I must contact the appropriate site's medical record office.

I understand that some or all of my medical information may be used for teaching or educational purposes at Carle.

I also agree to have my telehealth medical records reviewed for the purposes of evaluation (data collection, analysis, quality assurance and presentation in verbal or written format at scientific meetings). I understand that any presentation will not identify me by name or other identifiable markers. DECLINE _____ (initials of patient only if declining)

My healthcare provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information, and all of my questions have been answered. I have read and agree to a telehealth consultation.

Signature of Patient or Authorized Person _____/_____
Date Time

Signature of Witness _____/_____
Date Time

INTERPRETER SERVICES:

I have provided interpretation in _____ of any verbal and/or written information.
(type of language)
including this consent form, that have been provided to the patient/authorized person to consent.

Interpreter: _____
(print full name/badge #) _____/_____
Date Time

Signature (or if remote source, indicate company used): _____

Google Drive Permission Form

Dear CAOS Parents,

During the COVID school closure, CAOS staff created the CAOS Google Drive to be an online location where parents and staff could collaborate, share materials and updates with one another. Each parent was asked to give permission for the creation of a folder for their child. Once permission was granted, access to that folder was shared with the child's team (i.e., parents, deaf educator, and therapists). Each member of the team could read information, add their own updates and provide input into goal selection. In the past, we have used a folder on Carle's shared drive which can be accessed by all staff members while logged into their Carle computer. The Google drive allows us to extend access to families as well.

We found that this worked really well and we are interested in continuing it during the coming school year. Please read and sign below to grant permission for us to create a Google folder for your child. If you choose to opt out of the CAOS Google drive, you will still receive monthly newsletter updates and can provide input via email or phone calls. If you have questions, please contact Danielle.

Thank you for your time and collaboration!

CAOS Staff

Child's Name:

I understand that a folder for my child will be created and added to the CAOS Google drive, that the CAOS Google drive will contain information about my child's test scores, monthly targets and progress toward achieving those targets, and that my child's team will be invited to read and edit the documents in my child's folder. Further, I understand that the Google drive is outside Carle's encrypted network, but is protected by Google's security measures and each user needs to be invited to collaborate by CAOS staff.

Please carefully read the statements below, mark that statement that represents your decision about the CAOS Google drive for the coming school year.

Yes , I grant permission for CAOS staff to create a folder for my child on the CAOS Google drive.	
Signature:	Date Signed:
Relationship to Child/Authorization to Sign:	

No , I do <u>not</u> grant permission for CAOS staff to create a folder for my child on the CAOS Google drive.	
Signature:	Date Signed:
Relationship to Child/Authorization to Sign:	



**Hop aboard the Tuition Express
and never write a check again!**

ProCare Software

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

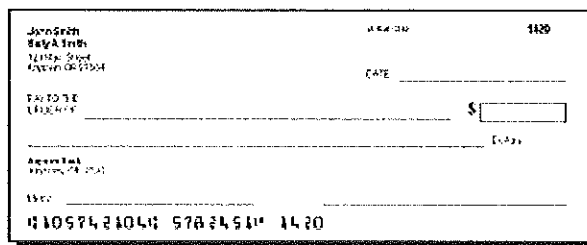
Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Transit Number (see sample below) _____			Account Number (see sample below) _____		

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number Account Number Check Number

Please attach a copy of a voided check here. Deposit slips not accepted.

TUITION

Express

ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check, or remember your checkbook, as you're picking up your child at the end of a hectic day. Your account will be safely and securely debited by Tuition Express, giving you peace of mind, knowing your tuition is being paid when it's due. It's easy to enroll and even easier to participate. You'll join millions who already pay mortgages, car payments, and childcare tuition automatically. Tuition Express is convenient and safe for you, and it helps us do a better job caring for your child.

Frequently Asked Questions

When I pay my tuition automatically, how secure is my account information?

Very secure – more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account or worse, *steal your identity*. Automatic payments greatly reduce this potential problem by limiting the amount of information available and who has access to it. Tuition Express also incorporates additional security procedures, utilizing 128 bit encryption.

What if the childcare center makes a mistake and takes out too much money?

Report the error to your childcare center immediately – it was most likely an honest mistake. The childcare center will then adjust your account accordingly.

What if my childcare center and I disagree about a payment?

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your childcare provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the childcare center access to my account?

Nobody at the childcare center has access to your account. When you sign up for Tuition Express, you only authorize *your* bank or credit card company to release the exact amount owed to your provider when it is due and payable.

How will I know when a payment was taken out of my account?

Your childcare expenses will be taken out of your account on a schedule that you and the childcare center agree upon. Your childcare center has the ability to print statements for your records prior to the withdrawal of any money. Additionally, the charges will show up on your monthly statement as "Tuition Express".

When I sign up for Tuition Express, how will this help my childcare provider?

Your childcare provider has chosen to offer Automatic Payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Most importantly, Automatic Payments reduce the amount of time your childcare center spends on management activities, giving staff more time to spend with the children.

How do I get started?

Simply complete the "Payment Authorization" form and return it to your childcare provider. They will do the rest! For more information on automatic payments, visit www.directpayment.org. This is an excellent resource explaining the system and its benefits.

Where can I learn more?

For more information on the benefits of Tuition Express, please visit us at www.tuitionexpress.com.



Your provider will issue you a unique Tuition Express account number. ➔ 6288-6773-032

What is Tuition Express?

Tuition Express™ is the premier payment processing service in the childcare industry. As one of the many benefits offered by Tuition Express, parents have the ability to receive their payment receipts via email. TuitionExpress.com keeps parents in-touch with their childcare center and their personal finances. Here are some of the features of TuitionExpress.com:

- Receive all your Payment Receipts via email.
- Email notification of all Non Sufficient Fund (NSF) items or Declined Credit Card transactions.
- View and print Transaction History reports.
- Re-generate past email payment notifications.
- All receipts are Flexible Spending Account qualified (provided center has submitted required data).
- Easy access to change email addresses notifications are sent to.

How to Register at TuitionExpress.com

- Your childcare provider will issue you a unique Tuition Express ID number.
- Go to <http://www.tuitionexpress.com> and click on "My Account".
- Click the "Click here to Register" link to begin the account set up.
- Enter the Tuition Express ID number and the Last 4 digits of your bank or credit card account number.
- Create a User Name and Password
- Type in your email address and check the box "Receive Notification"
- Click "Submit". When you receive an email from Tuition Express click on the link to confirm your email address.

Facts about Automatic Payments

- Automatic Payments have been around for more than 30 years and uses the same network as Automatic Deposits. More than 2 billion transactions a year are made via Automatic Payment.
- Each Automatic Payment is deducted from your account on the due date of each payment cycle so it is easy to track..
- Automatic Payments are confidential transactions. Just one or two people see them. In contrast, checks pass through three to nine hands as they are processed. PLUS, they have all the information available for a criminal to steal your identity.
- Automatic Payments help you maintain a good credit rating because bills are paid on time, every time.
- Record keeping is easy. Each bill paid automatically from your checking account or credit card is listed on your monthly statement.
- Consumers who use Automatic Payment are protected by the Electronic Funds Transfer Act of 1978, known as Federal Regulation E. www.bankersonline.com/regs/205/205.html
- Automatic Payment saves you money. It costs consumers close to \$100 a year in time and Automatic costs, such as postage, to pay bills by check instead of using Automatic Payment.
- Automatic Payments is great for travelers — since bills are paid automatically, you do not have to worry about them when you are out of town.

Biweekly Payment Timetable for 2021-2022

Payment Dates:		
Aug 6	<p>Tuition Express deductions will occur on the dates listed. Tuition payments will be processed across 20 billing periods for the 2021-2022 school year, with two payments being processed monthly* from August 2021 to May 2022. *April is the exception</p>	
Aug 20		
Sep 3		
Sep 17		
Oct 1		
Oct 15		
Nov 12		
Nov 26		
Dec 10		
Dec 24		
Jan 7		<p>Regarding child care, families will need to anticipate child care needs for the month ahead. You will receive a child care form each month for the next month. Please complete and return these forms by the 15th of the month. Once your child care needs have been determined, you will then be notified of the payment amounts for the following month. Please understand that biweekly deduction amounts will vary based on the amount of child care services utilized.</p>
Jan 21		
Feb 4		
Feb 18		
Mar 4		
Mar 18		
Apr 1		
Apr 15		
Apr 29		
May 13		
May 27*		
*May 27 will be FINAL payment date for any remaining balances for the 2021-22 school year.	<p>Summer camp charges will be processed during June 2022 (on June 10th and 24th).</p>	



AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION



ROI

Patient Name: _____ Date of Birth: _____

Other Names: _____ Last 4 digits of SSN: _____ MRN: _____

I authorize: The Carle Foundation* -Health Information Management
3310 Fields South Drive, Champaign, IL 61822
*Includes Carle Physician Group and Carle Hoopeson Regional Health Center

To Send to: OR (Name of Health Care Facility, Physician, Individual, or Agency, etc.)

To Request from: (Address)

(City, State, Zip) (Phone) (Fax)

Method of Release: Mail Pick up at HIM Department (217) 902-6500 MyCarle Account (Available for 30 days)

SPECIFIC RECORDS TO BE RELEASED: If no dates are indicated, only records created prior to or on the date of signature will be released.

Table with 4 columns: HOSPITALIZATION, CLINIC/OTHER, and two columns for dates. Rows include checkboxes for Inpatient Hospitalization, Immunization Record, Cardiology, Office Visits, etc.

- The purpose of this disclosure of information is... (i.e., continuing care, insurance claim, legal counsel, etc.)
I understand that my medical record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), treatment for alcohol and/or substance abuse, and genetic testing results.
I have the right to inspect and obtain a copy of the records that are to be disclosed (CFR 164.524).
I understand that I am not required to sign this authorization in order to seek medical treatment at the above named facility, unless the sole purpose of my visit is to create health information for someone else's use.
I understand that I may revoke this authorization at any time.
This authorization will expire on the following date or event...
I understand that I am entitled to a copy of this authorization.
I understand there may be a charge to obtain a copy of these records.

ATTENTION: This is a legal document. Please read carefully. By signing, you agree that you understand and accept the terms on this form.

If the patient is 18 years of age or older, the patient must sign and date the form.

If the patient is 18 years of age or older and is incapable of signing, a legally authorized substitute may sign and date the form.

Please indicate your legal authority and include documentation of your relationship:

- Legal Guardian or Conservator Health Care Agent (Health Care Power of Attorney)

If the patient is 17 years of age or younger, the patient's parent or legal guardian must sign and date the form, unless an exception exists under state or federal law. Please indicate your relationship: Parent Legal Guardian

Signature: _____ Date Signed: _____

Printed Name of Person Signing (if not patient): _____ Phone#: _____

Mailing Address of Patient: _____ City: _____ State: _____ Zip: _____

STAFF USE ONLY - Released by: Staff Initials Type of ID Verified Date: