CHILDREN'S THERAPY CENTER
Celebrate what is. Commit to what can be.

Dear Parent/Guardian,

Welcome to Children's Therapy Center. We are confident you will find CTC to be a warm and welcoming environment for you and your child.

Getting Started: In order to get started with services, we need a little bit of information about you and your child. Please fill out the enclosed CLIENT DATA FORM and return it to us at your earliest convenience. Once we receive this paperwork, we will call you to confirm that we've received your form, and add you to the appropriate waitlist based on your concerns. If you don't hear from us within 7 business days, please call to confirm that we've received your form. When your child is nearing the top of our waitlist, we will call you to get more information about your child, get updated concerns and give you information about the services that may be appropriate for your child based on your questions or concerns.

First Appointment: At your first appointment, your therapist will gather information from you and assess your child's skills. This may mean conducting a full evaluation or it may mean reviewing evaluations that your child has had previously. If your child has been evaluated by other professionals, please bring copies of these evaluations to your first appointment. If your child has an Individualized Education Plan (IEP) at school, please bring that as well.

Plan for Services: After the initial appointment/evaluation, you will work with your child's therapist to determine the best plan for therapy including the frequency, duration, and type of services. Every child has different needs for therapy. Depending on the needs of your child, you and your therapist will determine the most appropriate treatment plan. Possible treatment options include consultative therapy, regularly scheduled therapy, group therapy, and/or a home program with check-in appointments.

Insurance and Billing: We bill most major insurance carriers. In order to bill your insurance, all children need a doctor's prescription and insurance authorization prior to their first appointment. Our billing department will work to obtain this information and will contact you with any questions or concerns. We encourage you to contact your insurance company to understand your individual benefits. If you have a co-pay, it will be due at the time of your appointment.

As a parent or guardian, you are an essential member of your child's therapy team. The success of your child's therapy depends on your willingness to be an involved participant and take an active role in your child's healthcare. We ask that you and your child make every effort to attend each scheduled session on time and be willing to practice what you have learned at home with your child and other family members.

We value your ideas and encourage your participation. Please feel free to ask questions or share any concerns you have. Our goal is to provide you and your child with the highest quality services possible.

We look forward to working with you!

The Staff and Board of Children's Therapy Center

127 SW 156th Street
Burien, WA 98166
253.216.0720

10811 SE Kent Kangley Road
Kent, WA 98030
253.854.5660

8717 S Hosmer Street
Tacoma, WA 98444
253.531.8873

www.ctckids.org

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Frequently Asked Questions (Center-Based Services)

Q: Why is there such a long waitlist for services?

A: There is a ***huge*** need for pediatric therapy services in our community. We would love to be able to hire enough therapists to see every child waiting for therapy. Unfortunately, due to the increasing costs of providing therapy services and decreasing reimbursement rates from insurance companies, therapy centers like CTC lose money for every therapy service provided. In addition, CTC takes all insurance and does not have caps on the number of children seen with state insurance. As a result, it's not possible for us to hire enough therapists to meet the current need for therapy. However, we remain committed to serving as many families as possible despite these challenging financial realities.

Q: How long will it take for my child to get in for an evaluation or for therapy?

A: Parent schedules are often the determining factor in obtaining an evaluation or therapy appointment. Like other therapy centers in our area, we have a high volume of children awaiting services and the most desirable times of day are in the late afternoons and early evenings. If you are able to bring your child in between the hours of 8:00 am and 4:00 pm, it is more likely that we will be able to see your child sooner.

Q: Is there any limit to the number of visits my child may have?

A: Yes. CTC follows a service delivery model in which we schedule children for a series of consecutive visits followed by a break from regularly scheduled therapy. Our goal for each series of visits is to provide children and parents the tools they need to continue to meet their therapy goals even when not in therapy. This service delivery model has proven to be effective and is being implemented by many therapy centers locally and nationally. Additionally, implementing this program allows us to better meet the high need for pediatric therapy services in our community.

Children who are available between 8:00 am and 4:00 pm can receive <u>up to 20</u> consecutive/weekly therapy visits.

Children who are available between 4:00 pm and 6:00 pm will be scheduled for <u>up to 12</u> consecutive/weekly therapy visits.

When your series of visits is complete, if additional therapy is recommended, you are welcome to go back on our waitlist for an additional series of visits. We also offer families options for continued support that might include on-call or check-in visits. Our priority is to ensure that you and your child feel supported throughout your time at CTC, whether in therapy or awaiting additional weekly visits.

Front Office Use Only
Received From: _____
Received By: _____
Date Received: _____

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CLIENT DATA FORM

This form must be filled out and returned by a parent/guardian. If you have filled out this paperwork in the last three months and no information has changed, please only fill out the **FRONT** *portion of this form, and sign the back.*

Child's Legal Name: _____
(First) (Middle Initial) (Last)

Date of Birth: ____/____/____ **Age: _____** Gender: ☐ Male ☐ Female

Please tell us which service(s) you are interested in for your child:

☐ ***Physical Therapy*** ☐ ***Speech-Language Therapy*** ☐ **I'm not sure.**
☐ ***Occupational Therapy*** ☐ ***Feeding Therapy*** ☐ **Other_____**

Please describe the concerns you have regarding your child's development? Please be as specific as possible as this will help us make sure you get added to the appropriate waitlist(s).

Which of our locations would you like your child to be seen at? ☐ **Kent** ☐ **Burien** ☐ **Tacoma**

Please tell us about your availability for ongoing appointments, should your child require weekly therapy. **PLEASE BE SPECIFIC.** *ex. Available Mondays from 8am to 10:30 am and 4pm to 6pm*

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

10811 SE Kent Kangley Road
Kent, WA 98030
253.854.5660

127 SW 156th Street
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Tacoma, WA 98444
253.531.8873

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Additional Information

Child's Diagnosis (if known): _____

Primary Care Physician: _____ Referred to CTC by: _____

Primary Language: _____ Interpreter needed? ☐ Yes ☐ No

Parent/Guardian Name #1: _____ Relationship to Child: _____

Primary Phone #: _____ ☐ Home ☐ Cell ☐ Work

Secondary Phone #: _____ ☐ Home ☐ Cell ☐ Work

Address: _____

City: _____ State: _____ Zip_____

E-mail: _____ Employer: _____

☐ **I agree to receive text communication from Children's Therapy Center**

☐ **I do not have a smartphone**

Parent/Guardian Name #2: _____ Relationship to Child: _____

Primary Phone #: _____ ☐ Home ☐Cell ☐ Work

Secondary Phone #: _____ ☐ Home ☐ Cell ☐ Work

Address: _____

City: _____ State: _____ Zip_____

E-mail: _____ Employer: _____

Child's Insurance

Primary Insurance: _____ Phone #: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

ID# (or Provider One #): _____ Group #: _____

Secondary Insurance: _____ Phone #: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

ID# (or Provider One #): _____ Group #: _____

Once we receive this form, we will call you to confirm, and you will be added to our waitlist. ***If you don't hear from us within a week of returning this form, please give us a call to confirm that we received your form.*** *Thank You!*

Mail to:	***Fax to:***	***Drop off*** *at any of our three locations. See front for location addresses.*
Children's Therapy Center Attn: Intake Coordinator 8717 S. Hosmer St. Tacoma, Wa 98444	*Attn: Intake Coordinator* *(253) 854-7025*	

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____