



**CAFCA**

**CHILD AND FAMILY  
COUNSELLING ASSOCIATION**

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#5 - 230 Menzies Street  
Victoria BC V8V 2G7

## Parent contract for Autism Services

Fees effective 4 May 09

Name of child (client) (first and last):	Date of birth of child (client): (d/m/y)
Name of parent(s) or guardian (first and last):	Address, including city:
Contract start date: (d/m/y)	(Check one) <input type="checkbox"/> Contract ends on: _____ or <input type="checkbox"/> Contract is ongoing until cancelled in writing (with seven days' notice by either party)

**The parent/guardian hereby authorizes the Autism Funds Processing Unit to pay CAFCA for the following services and attaches a completed Request to Pay Form:**

### **Behaviour Intervention (BI) Services:**

- \$36 per hour 1-to-1 BI service with Interventionist – I request \_\_\_\_ hours  
(circle one) *per week / per month / in total / to be determined*

### **Music Therapy (MT) Services:**

- \$66 per hour with Music Therapist – I request \_\_\_\_ hours  
(circle one) *per week / per month / in total / to be determined*

### **Behaviour Consultant (BC) Services:**

- \$87 per Hour with Behaviour Consultant – I request \_\_\_\_ hours  
(circle one) *per week / per month / in total / to be determined*

### **Special Social Group Services:**

- \$26 per hour Up to 3-to-1 BI service with Interventionist – I request \_\_\_\_ hours  
(circle one) *per week / per month / in total / to be determined*

### **Other Service Referrals: (pay respective professional directly)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Speech-Language Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Payroll service |
| <input type="checkbox"/> Counselling             | <input type="checkbox"/> Therapeutic Riding   | <input type="checkbox"/> Other:          |

The fees identified in this contract include time spent in direct contact with client (by telephone or in person), attendance at meetings, session and report write-ups, and transportation. When transportation is provided for 1-to-1 Behaviour Intervention services, the fee will be 15 minutes for pick-up and/or 15 minutes for drop-off, in addition to the period of client contact. I understand that I will receive a financial account of services rendered on a monthly basis, and a progress report on service goals on a quarterly basis.

My signature below indicates my authorization for CAFCA to provide the services identified above, at the costs identified above. I understand that:

- I have the right to decide which Behaviour Interventionist or Behaviour Consultant will work with my child/youth, and that I have the right to change my mind if the relationship is not satisfactory to me.
- Autism Services Program staff are employees of CAFCA and receive their direction, supervision and training from CAFCA. I am aware that CAFCA Autism Services Program staff have had a recent criminal background record-check and thorough reference-checks.
- CAFCA has the right to stop providing service if CAFCA determines that the service is not appropriate for the client, or presents a threat of harm to the client or to others. I am aware that CAFCA will credit the client's account for any prepaid service that is cancelled due to CAFCA's withdrawal of service or for service cancelled by me with appropriate notice (see below.)
- fees for the services indicated in this contract may change, and that CAFCA will provide at least 30 days' notice of any fee increases. I recognize that my continued use of contracted services, following fee increases for which appropriate notice was given, will indicate my acceptance of the fee increases.
- I may cancel or alter this agreement at any time with 7-days written notice;
- I am responsible for giving CAFCA 24 hours notice to cancel any scheduled services, and I acknowledge that I will be charged for any services I cancel without 24 hours' notice to CAFCA or my worker.

I acknowledge that:

- I have received the booklet *Introduction to CAFCA: Autism Services*, which details my rights as a user of CAFCA's Autism Services, and I have reviewed its content with a CAFCA representative.
- I have received the *Parent Intake Questionnaire*, and I agree to complete relevant sections of it to help guide CAFCA's service delivery.

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Parent/Guardian Signature

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Date

- Please add my email address to CAFCA's confidential electronic mailing list in order to receive monthly bulletins and other information from CAFCA only. (fill in email address below)

Email address: \_\_\_\_\_