

Celebrating 65 Years of Service



Summer Fun for Children with Autism and Differing Abilities
(ages 2.5 to 8 years)
(May 30 –August 3, 2023)

A fun and structured experience for children diagnosed with Autism Spectrum Disorder and differing abilities. The class provides continuity of routines for children already attending a school program during the school year and an initial introduction to a structured school environment for those not currently enrolled in a program. The focus will be on maintaining and developing constructive and imaginary play, following a visual schedule, addressing sensory needs, peer interaction, social skills, positive behaviors, communication and motor skills, all while enjoying many fun summertime activities. The teachers will incorporate their knowledge of therapeutic and behavioral learning in the natural environment. Applicants will be evaluated to see if the program is the right fit for your child.

Days: Preschool, Kindergarten, 1st, 2nd Grade
Tuesday, Wednesday, Thursday
9:00am – 2:00pm

- ***Enrollment is first come, first served. Spots fill up quickly! Please submit your application as soon as possible due to limited availability.***

Staff: 2 to 3 Teachers and Assistant Teachers per classroom (Teachers will assess skills and place student in appropriate class.)

Total Cost: \$1100

- **Vouchers available from your County Board of Developmental Disabilities for those who qualify.**
- **Scholarships available for those who do not qualify for vouchers, with an *out of pocket maximum of \$550 per student.***
- **Must be paid by voucher, cash, or check **NO LATER THAN MAY 19th.****



Abilities First 2023 Summer Program Application Form
Therapy Program dates: May 22 – August 11, 2023
Summer Fun for Children with Autism dates: May 30 – August 3, 2023

Child's Name: _____ Male _____ Female _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

How did you find out about Abilities First? _____

Main concerns for your child: _____

I am interested in the following for my child:

Individual

- Physical Therapy
- Occupational Therapy
- Individual Speech Therapy
- Handwriting Without Tears

Group

- Social Skills
- Sensorimotor
- School Readiness
- Summer Fun for Children with Autism

Therapist(s) will screen or evaluate your child to determine if participation in the Summer Therapy program will be beneficial.

Current IFSP, IEP and/or evaluation?
If yes, indicate which therapy:

- Yes No
- Physical Occupational Speech-Language

If yes, we will need a copy for our records.

Indicate your funding sources:

- Insurance Medicaid CareSource United Healthcare Community Plan
- BCMH Self Pay School District Family Resources Voucher

Please note that some insurance companies may cover the cost of individual and/or group therapy for children with a medical diagnosis and statement of medical necessity from your physician. We will assist in processing claims.

Physician's Name: _____

Does your child have a physician's referral for any of the following therapies?

Please indicate: Physical Occupational Speech Language

Please list all related medical diagnoses:

Please respond quickly, as enrollment is limited!

Application form can be **mailed** to: Abilities First
Bettie Rountree
4710 Timber Trail Drive
Middletown OH 45044

Emailed to: bettie.rountree@abilitiesfirst.org
(Not HIPAA secure)

Faxed to: 513-727-3806

If you have any questions, please call: **Bettie Rountree, Program Coordinator**
513-423-9496 Ext. 251 or 800-378-8612 Ext. 251

This application form must be at Abilities First no later than Friday, May 12, 2023