



Associated Advocacy Center - Visions for the Future, Inc.

Thank you for choosing us and Welcome! (Keep this document for reference)

Our goal is to empower you as you go through the process of learning about your child's disability(s) and educational needs as well as connect you to any needed community services. We are *dedicated* to ensuring a "Free and Appropriate" public education (FAPE) for your child.

NOTICE: If you need to make a date for a team meeting, please call, **do not email.

We book fast and need advance notice. It is best to get a few dates and times to allow the time to coordinate everyone's schedule. Please call to confirm your meeting date one week prior to the meeting and to ask questions you may have, and remember all meeting fees are due prior to the meeting unless otherwise discussed.

You may call (except by appointment): **9:00 a.m. to 5:00 p.m. Monday-Friday.** Because much of our time is spent at meetings or on the road, make sure you leave a detailed message along **with your phone number, and whether or not we may return your call after 5.** If you don't hear from me within 48 hours, please call back and you will become a priority. Please do not make multiple phone calls in a day, if you need immediate assistance please mark your call as urgent.

All information obtained to help you and your child will be held in strict confidence at all times.

We look forward to helping you! Now it's time to breathe, you are in good hands.

Associated Advocacy Center-Visions for the Future, Inc (AAC)
24 Widow Coombs Walk Sandwich, MA 02563
Phone: 508-420-4356 Fax: 508-428-7276 Toll Free: 888-420-4356
www.aacvisions.org

Toni Saunders: toni@aacvisions.org

Vivian Leary: vleary@aacvisions.org

Josh Arnold: jarnold@aacvisions.org

aacdoc.2009



Associated Advocacy Center - Visions for the Future, Inc.

INTAKE FORM

Date: _____

Student's Name: _____

DOB: _____ Age: _____ Grade: _____

Parent's Name: _____ Phone: _____

Address: _____

Work #: _____ Fax: _____

Cell: _____ Email: _____

School: _____ Contact: _____

Phone: _____ Fax: _____

Diagnosis: _____

Medication(s): _____ N/A

IEP: Dates: _____ 504 Plan Accepted Rejected Unsigned N/A
Placement: Accepted Rejected Unsigned N/A

Parent's concerns: _____

Consultant section:

Service: Records Assessment Team meeting Mediation
Fee: Full Pay Half Pay
Documentation: Free or Reduced Lunch Proof of financial hardship

Directions: _____



Associated Advocacy Center-Visions for the Future, Inc.

RELEASE FORM

Date: _____

(Please check all that apply) Notice of release: To all school personnel doctors,
 court personnel, and/or any 'Other' listed below:

I, _____ authorize
the release of all written documentation and verbal communication pertaining to my
child's disability and or education to the Educational Consultant(s) for the Associated
Advocacy Center checked below.

Check all that apply: Toni Saunders Vivian Leary Josh Arnold

Student's name: _____

Parent/Guardian signature: _____

Student 18 or over signature: _____

Other resource for information: _____

***Please note that no entity will be contacted without the parent's knowledge and consent.

Associated Advocacy Center-Visions for the Future, Inc.
24 Widow Coombs Walk
Sandwich MA 02563
Phone: 508-420-4356 Toll Free: 888-420-4356
Fax: 508-428-7276
aacvisions.org

Associated Advocacy Center - Service Price Menu

Up to one hour of consultation and intake FREE!
For ½ pay, there must be documentation to support the need.

Records Assessment		
Grade	Full Pay	Half Pay
Pre-school - end of second grade	\$100	\$50
Third grade- sixth grade	\$200	\$100
Seventh grade - 9th	\$300	\$150
10th-12th	\$350	\$200
Review of submitted paperwork and/or evaluations/Writing letters to school personnel	\$100	\$50

Communications and Meetings		
Service	Full Pay	Half Pay
Telephone/email/Client interviews (hourly fee: \$25/15 minutes)	\$100	\$50
Transition service: 14 y/o+: Parent and student meetings	\$100	\$50
Meetings:	\$150	\$75
Mediations:	\$300	\$150
Court Advocacy	\$150	\$75

Hearing Preparation		
Item	Full pay	Half Pay
Writing a hearing request	\$1000	\$500
Conference Calls (4): retainer fee	\$100	\$50
Resolution Meeting:	\$150	\$75
Prehearing conference:	\$300	\$150

Creation of Binders for hearing:	\$1000	\$500
(Binders, paper and printing cost)	\$25	\$25

Attending a Hearing		
Duration	Full Pay	Half Pay
1 day	\$800	\$400
2 days	\$1600	\$800
3 days	\$2400	\$1200
4 days	\$3200	\$1600

Travel Time (Universal):	\$40	\$40
---------------------------------	-------------	-------------

**** NEW: As of September 1, 2009, all services must be paid in advance.**