Chrysalis Children's Program Disclosure Statement

We are excited to offer fun and meaningful opportunities for children at Chrysalis. To help ensure services are safe and successful, we ask families to provide accurate information about their child's needs before services begin.

Chrysalis provides community-based supports for ages **4-18** and behavioral intervention services for ages **4-21**. Chrysalis does not provide family-directed services.

To help us support your child safely:

- Please share any behavioral concerns, safety needs, medical needs, or physical limitations.
- Children who use wheelchairs or other mobility supports are welcome.
- Children who require a Hoyer lift for transfers are welcome to participate; however, Chrysalis is unfortunately unable to provide Hoyer lift assistance at this time.
- Chrysalis may be unable to support children whose behaviors place themselves or others at risk, including elopement, aggression, or intentional harm.

Chrysalis relies on accurate information to provide appropriate support. If important information is not disclosed and a child cannot be safely supported, **services may be discontinued**. Chrysalis will work with families to discuss next steps and available resources.

Families will be responsible for costs related to injury, property damage, or other expenses resulting from undisclosed behaviors.

Therapy Attendance and Cancellation Policy

Chrysalis provides scheduled therapy services. Families are expected to provide at least **24 hours' notice** when cancelling an appointment. Missed appointments or cancellations made with less than 24 hours' notice may result in a cancellation fee. Repeated missed appointments may affect ongoing services.

This disclosure is intended to encourage open and honest communication so we can provide a safe, therapeutic, and positive experience for everyone.

I understand the terms of this disclosure, including attendance and cancellation requirements, and agree to provide accurate information regarding my child's needs and supports.

Signature: _____ Date: _____



Chrysalis Children's Program Application

Child's Name: _____ Date: _____

Date of Birth:_____ Medicaid/Insurance:_____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact

Name:_____ Relationship:_____

Phone: _____ Email:_____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Phone: _____ Email: _____

Current Living Arrangement: _____

Funding Source

What is your plan? ☐ Family Support Waiver ☐ Traditional

Transportation Contact

Name:_____ Relationship:_____

Phone: _____ Email:_____

Case Manager Information

Name: _____

Phone: _____ Email: _____

Behavior and Support Information

Please describe any behavioral, medical, safety, or support needs we should be aware of when providing services.

_____
_____
_____

Why We Ask?

Sharing accurate information helps us:

- Plan appropriate supports and accommodations
- Promote the safety of participants and staff
- Determine whether Chrysalis is a right fit for your child's needs, especially within the children's summer camp program.

If important information is not disclosed and we are unable to safely support your child, services may be delayed, modified, or discontinued.

School Information

School	Location	Graduated

Consent to Contact School: ☐ I give consent ☐ I do not give consent

Parent/Guardian Acknowledgment

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that this information is used to determine appropriate services and supports for my child. I acknowledge that I have received and reviewed the **Chrysalis Children's Program Disclosure Statement**, including attendance and cancellation requirements.

Signature: _____ Date: _____