

RELEASE – P-ESDM Autism Scholarship

My Allie's Place (Website: myalliesplace.org) and Early Start Autism LLC

As a scholarship Applicant/Finalist/Recipient of the Parent Coaching in Early Start Denver Model (P-ESDM) Autism Scholarship awarded by My Allie's Place, by my signature below I acknowledge that I have read, agree to, and accept the Terms and Conditions on the website for the P-ESDM autism scholarship program: myalliesplace.org. Limited excerpts from the Terms and Conditions are included on this Release form; however, a Recipient and all adult persons who will attend Parent coaching sessions must agree to and abide by the entirety of the complete Terms and Conditions posted on the autism scholarship website.

(Rev 04-02-24)

Child's Name {print}: Last: _____ First: _____ Child's Date of birth: _____

The Parent Coaching in the Early Start Denver Model (P-ESDM) autism scholarship is a program of Early Start Autism LLC and is hosted by My Allie's Place, a 501(c)(3) Florida non-profit corporation. The website for My Allie's Place is: myalliesplace.org.

1. By applying for the Parent Coaching in the Early Start Denver Model (P-ESDM) autism scholarship, the Applicant and each additional adult who will attend parent coaching sessions agree to sign a copy of this Release and additional consent/waiver forms stating that they have read, agree to, and accept the Terms and Conditions of the P-ESDM autism scholarship program posted on the My Allie's Place website @ myalliesplace.org. The Parent/Legal Guardian/Recipient and each additional adult who will attend parent coaching sessions must sign the forms and furnish them to My Allie's Place (or its authorized representative) before being allowed to attend parent coaching sessions. It is the responsibility of Applicant/Finalist/Recipient and others who will attend coaching sessions to periodically review the Terms and Conditions on the autism scholarship website for updates or changes.
2. Scholarship Value: An autism scholarship of up to approximately \$4,000 value for 14 parent coaching sessions in the Early Start Denver Model (ESDM) scholarship program will be awarded by My Allie's Place and applied directly to cover costs of 14 parent coaching sessions. Parent coaching sessions will be conducted by Early Start Autism LLC. No scholarship sums will be paid to a scholarship Recipient. The scholarship has no cash value.
3. My Allie's Place and Early Start Autism LLC (or their representatives) reserve the right to verify all information contained in a scholarship application and in other documents submitted and to request additional information.
4. "HIPAA" is an abbreviation for Health Insurance Portability and Accountability Act. Email addresses associated with Early Start Autism LLC are HIPAA compliant. Early Start Autism LLC is committed to protecting the Applicant's and the family's health information.
5. If selected as a **Finalist**, the Applicant **MUST** respond **within 48 hours** by email to accept or decline Finalist status or Applicant will be withdrawn for consideration of an autism scholarship award.
6. If selected as a **Recipient**, the Applicant/Finalist **MUST** respond **within 48 hours** by email to accept or decline Recipient status or Applicant will be withdrawn for consideration of an autism scholarship award. Additionally, the Recipient must pay a nominal fee and sign required the Release and additional forms required.
7. Scholarship Fee for Recipient: Each Recipient awarded an autism scholarship agrees to pay to My Allie's Place in one lump-sum payment a minimal fee (currently \$140) towards the \$4,000 cost of 14 parent coaching sessions included in the autism scholarship. If Applicant is unable to pay the minimal fee, ranking and consideration will still be given to the application if the Applicant provided a verifiable valid reason on their application why they are unable to pay.
8. Parent Coaching sessions: Coaching sessions are typically scheduled once a week on Monday through Thursday from 8 am to 3 pm for 1 hour and 45 minutes each. The 14 parent coaching sessions will be conducted virtually using Telehealth. All parent coaching sessions will be conducted by a Board Certified Behavior Analyst who is also an ESDM Certified Therapist or an ESDM Trained Therapist of Early Start Autism LLC. The Parent is actively coached with the child. Therefore, if selected as a Recipient, at least one parent (with child) **MUST** complete all 14 parent coaching sessions and Recipient themselves **MUST** attend (with child) a minimum of 12 sessions.
9. Scheduling coaching sessions: The ESDM Therapist will contact each Recipient to coordinate available times for scheduling parent coaching sessions. If a mutually agreeable schedule cannot be reached, the Recipient will not be considered for award of an autism scholarship for that enrollment period.

10. Start of a coaching session: Recipient and each additional adult who will attend parent coaching sessions agree to be available and ready **BEFORE** or **AT** the scheduled appointment time to start each online Telehealth or in-person parent coaching session.
11. Cancel a coaching session: Recipient or other adult attendee agree to provide a minimum of **36-hours' notice** to ESDM Therapist **IN ADVANCE** by **BOTH** telephone (or text) **AND** email if cancellation of a parent coaching session is necessary. Only one parent coaching session will be permitted to be rescheduled by the Recipient during the 14-week schedule.
12. Survey/Consent Forms: A Recipient who receives an autism scholarship award and each additional adult attending parent coaching sessions **MUST** complete a Release, a HIPAA-compliant waiver/consent and a pre-survey form at the start of parent coaching sessions, two post-survey forms before or immediately following completion of all 14 parent coaching sessions, and a videotape consent form.
 - a. Written and verbal testimony consent: Recipient **MUST** agree to the use of comments from surveys or written or verbal testimonials of Recipient and others attending parent coaching sessions or Child (containing no personal identifying information) for publicity or media purposes, online or print, by My Allie's Place or Early Start Autism LLC without notice or obligation or compensation to Recipient or others attending parent coaching sessions or Child or any of their representatives, or agents.
 - b. Videotape, audio tape, and photograph consent/waiver: Recipient **MUST** agree to the use of videotapes and audio tapes to record parent coaching sessions. Recipient and others attending parent coaching sessions agree to allow videotapes, audio tapes, and photographs (containing no personal identifying information) to be used by My Allie's Place and Early Start Autism LLC for publicity or media purposes without notice or obligation or compensation to Recipient or others attending parent coaching sessions or Child or any of their representatives, or agents.
 - c. **NOT ALLOWED:** If use of videotapes, audio tapes, and photographs for publicity or media purposes is NOT ALLOWED, at least one Parent/Legal Guardian must initial and sign a separate line item on the HIPAA waiver/consent form. Videotapes and audio tapes will still be used to record parent coaching sessions but will not be used for publicity or media purposes.
13. Forfeiture of fees paid:
 - a. Recipient and other attendees understand and agree that all fees paid to My Allie's Place will be forfeited if any one of the following conditions are not met: (1) at least one parent (with child) **MUST** complete all 14 parent coaching sessions, (2) the Recipient themselves (with child) **MUST** complete at least 12 of the parent coaching sessions, and (3) all required pre- and post-survey forms and consent/waiver forms **MUST** be completed individually both by the Recipient, and where required, by each additional adult attendee prior to completion or immediately following completion of all parent coaching sessions.
 - b. Certain actions by Applicant/Finalist/Recipient and/or other attendees may result in loss of a scholarship award and fees paid, including but not limited to, excessive or repeated tardiness, unapproved cancellation or unexcused absence from scheduled parent coaching sessions, lack of cooperation, or behavior that is deemed inappropriate, dishonest, verbally abusive, continually disruptive, hazardous, or unsafe.
 - c. If Applicant/Finalist/Recipient fails to respond to requests from My Allie's Place or Early Start Autism LLC (or their representatives), or fails to provide requested information or documentation or fee by an assigned deadline, or fails to comply with requirements of the Terms and Conditions and Release of the P-ESDM autism scholarship program, Applicant/Finalist/Recipient will not be considered for award of an autism scholarship. If an autism scholarship has been awarded, it will be forfeited or terminated and all fees paid will be forfeited. If an autism scholarship is canceled, revoked, or lost for any reason after parent coaching sessions have begun, all fees Applicant/Finalist/Recipient paid to My Allie's Place or paid on their behalf are automatically forfeited.
14. Refund of fees paid: Within 60 days after completion of all 14-parent coaching sessions and provided all requirements in Release, paragraph 13.a. have been met, Recipient will be reimbursed some or all of the \$140 fee that Recipient paid to My Allie's Place. Any additional fees paid for credit card charges are not refundable. A Recipient may choose to designate as a donation to the autism scholarship fund all or any portion of the \$140 fee that was paid.
15. Contact using electronic/digital media: Applicant/Finalist/Recipient and other adults who will attend parent coaching sessions give consent and agree to be contacted through electronic or digital communications via email, telephone, wireless phone, or texting for the P-ESDM autism scholarship program and any of its related materials.
16. Applicant/Finalist/Recipient agrees to notify My Allie's Place at ESDMscholarship@earlystartautism.com immediately of changes in personal contact information, including email address, telephone number(s), home address or mailing address for themselves and others listed on their Application.

17. My Allie's Place, its officers, directors, employees, contractors, or agents and Early Start Autism LLC, its owners, officers, employees, contractors, or agents will not be liable for interruption or rescheduling or cancellation or failure to provide P-ESDM autism scholarship program services for any reason.
18. Applicant/Finalist/Recipient/Recipient's dependent/Parent/Legal Guardian/Caretaker/Child (and Parent/Legal Guardian on behalf of Child) agree to indemnify, release, and hold harmless My Allie's Place and Early Start Autism LLC, their officers, directors, owners, employees, partners, contractors, agents, affiliates, successors, or subsidiaries, of all liability and responsibility against any and all claims, losses, liability, damages, and expenses, costs, and charges of any kind, including reasonable legal fees, in connection with, arising from, or in any way, related to, all aspects of the P-ESDM autism scholarship program. This hold harmless includes, but is not limited to, any violation by Applicant/Finalist/Recipient or Applicant/Finalist/Recipient's dependents/Parent/Legal Guardian/Caretaker/Child.
19. My Allie's Place, in conjunction with Early Start Autism LLC, reserves the right to determine eligibility, to accept or decline scholarship applications, to select or non-select Finalists and Recipients, and to award autism scholarships.
20. Early Start Autism LLC, in conjunction with My Allie's Place, reserves the right to modify, amend, rescind, suspend, terminate, or cancel autism scholarship awards, or parent coaching services either before, during, or after they have begun. Any additional terms or conditions that Early Start Autism LLC deems necessary in the best interests of the P-ESDM autism scholarship program shall become effective immediately or on such later date as may be specified and from time to time will be incorporated into the Terms and Conditions posted on the autism scholarship website.
21. Early Start Autism LLC, in its sole discretion, at any time and for any reason, reserves the right to make all decisions regarding all aspects of the P-ESDM autism scholarship program and all decisions are final.

Child's Name *(print)*: Last: _____ First: _____ Child's Date of birth: _____

Applicant/Recipient (**MUST** be Parent or Legal Guardian) - Mother Father Legal Guardian:

Last Name *(print)*: _____ First Name: _____

Signature _____ Date _____

Additional Attendee - Mother Father Grandparent Caretaker Other (Specify): _____

Last Name *(print)*: _____ First Name: _____

Signature _____ Date _____