New Horizons in Autism, Inc.

An approved provider for:

Division of Children and Families (DCF)
PerformCare

Your child is eligible to receive the following program:

Self-Hire Respite (SHR) Program

This is a guide to assist you on accessing this program and, help you utilize this very important resource. Through this program, your family is eligible to receive up-to $2,640.00 for services rendered, to your eligible child, at your house! Please review the enclosed information and, return the time-sensitive paperwork to us promptly.

QUESTIONS: 732-918-0850 x10
### STEPS

#### Family
- Review the entire enclosed package
- Identify a Respite worker
- Sign and return the enclosed forms
- Submit the monthly paperwork in a timely manner
- Receive the check and pay worker

#### Respite Worker
- Have a background check conducted by IdentoGo-Morpho
- Show documentation of a Negative Matoux Test
- Review all Training material provided
- Complete Time Sheets and Progress Reports

**QUESTIONS:** 732-918-0850 x10
Dear Parent/Guardian,

New Horizons in Autism is one of many contracted agencies through the Division of Children and Families (DCF). Your child has been approved through PerformCare for our Self-Hire Respite (SHR) Program. Through this program, you will receive 20 hours of respite per month to hire your own respite worker. The hourly rate of reimbursement for the respite worker is $11.00 per hour.

The following are the requirements for the program that must be adhered to in order to continue your child’s eligibility for this service:

1. Monthly time sheets are to be returned to our agency by the 5th of each month and must be signed by the respite worker(s) assuring that you are utilizing this money to pay your respite worker(s) $11.00 per hour, to work with your child for 20 hours per month. You will be reimbursed on a quarterly basis once all time sheets have been sent back to our agency. Enclosed you will find the time sheets our agency requires for submission.

2. Time sheets may be submitted to our agency via fax to (732) 918-0091 or mailed to: New Horizons in Autism, 906 Route 33 East, Freehold, N.J.07728 or emailed to: teicher@nhautism.org.

3. Progress Notes and Daily Logs maintained by your respite worker(s) must be submitted along with your monthly timesheets in order to receive reimbursement.

4. The respite worker(s) providing this service must have a background check conducted by IdentoGo – Morpho Trust. The worker(s) cannot provide service until our agency receives the results and notifies you that the worker(s) is cleared. You also must complete the enclosed form by providing our agency with the name, address, birthdate, and phone number of each person you will be hiring to work with your child.

5. The respite worker(s) also must provide our agency with documentation from their private physician that he or she has a negative Mantoux (TB) test or a Chest X ray which indicates he or she is free from tuberculosis. This must be received by our agency prior to working with your child.

6. The training information enclosed must be shared with your worker(s). The information provided gives the worker(s) a brief overview of Applied Behavior Analysis (ABA) which is the teaching philosophy employed by our agency. Also, included in the training packet are additional resources that can be of assistance to the worker and your family.

7. The enclosed SHR acknowledgement form must also be returned to our agency upon receipt of this package in order to confirm your understanding of the program parameters and your agreement to adhere to them.

8. The Respite Service will take effect from the date the completed paperwork is received by New Horizons in Autism.

Thank you,

Jessica Mulhern
Compliance Director
Background Check Form

The Division of Children and Families (DCF) mandates that individuals hired to provide respite services to any child under the Self Hire Respite Program, have a background check conducted by the agency providing the stipend for this service. We are requiring that each family furnish our agency with the Name, Address, Phone Number and Birthdate of each person working directly with your child. Our agency receives the results of all fingerprinting conducted by IdentGo-Morpho Trust. Once your respite worker(s) are clear to work, we will notify you. Please provide us with the following information so we can contact you promptly:

Parent/Guardian Name: ____________________________

Phone Number: ____________________________

Email Address: ____________________________

NAME OF CHILD: ____________________________

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<thead>
<tr>
<th>RESPITE WORKER NAME</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
<th>BIRTHDATE</th>
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Please return this form back to us by any of the following:

Mail:
New Horizons in Autism, Inc.
906 Route 33 East
Freehold, NJ 07728
Attn: DCF-SHR

Fax:
732-918-0091 Attn: DCF-SHR

e-mail:
teicher@nhautism.org
SELF HIRE RESPITE ACKNOWLEDGEMENT

Child’s Name: ________________________________

Parent/Guardian Completing Form: ________________________________

Parent/Guardian Email Address: ________________________________

I agree to the following parameters set forth by New Horizons in Autism, Inc. in accordance to the guidelines provided by the New Jersey Department of Children Families. In order to ensure eligibility for the Self Hire Respite Program. I also understand that not adhering to these guidelines may jeopardize my child’s placement within the program.

1. Monthly time sheets are to be returned to our agency by the 5th of each month and must be signed by the respite worker(s) assuring that you are utilizing this money to pay your respite worker(s) $11.00 per hour, to work with your child for 20 hours per month. You will be reimbursed on a quarterly basis once all time sheets have been sent back to our agency. Enclosed you will find the time sheets our agency requires for submission.

2. Time sheets may be submitted to our agency via fax to (732) 918-0091 or mailed to: New Horizons in Autism, 906 Route 33 East, Freehold, NJ 07728, or emailed to teicher@nhatism.org.

3. The respite worker(s) providing this service must have a background check conducted by IdentGo – Morpho Trust. Each person you will be hiring to work with your child must be fingerprinted using the enclosed form. No one can work with your child until the fingerprinting results are received by our agency and the potential worker(s) is cleared.

4. You must complete the enclosed form by providing our agency with the name, address, birthdate, and phone number of each person you will be having fingerprinted to work with your child.

5. The respite worker(s) also must provide our agency with documentation from their private physician that he or she has a negative Mantoux (TB) test or a Chest X ray which indicates he or she is free from tuberculosis. This must be received by our agency prior to working with your child.

6. The training information enclosed must be shared with your worker(s). The information provided gives the worker(s) a brief overview of Applied Behavior Analysis (ABA) which is the teaching philosophy employed by our agency. Also, included in the training packet are additional resources that can be of assistance to the worker and your family.

7. Progress reports along with daily log notes completed by your respite worker(s) must be submitted with your timesheets in order to receive reimbursement.

8. The enclosed SHR acknowledgement form must also be returned to our agency upon receipt of this package in order to confirm your understanding of the program parameters and your agreement to adhere to them.

Parent/Guardian Signature: ________________________________

Date: ________________________________
Respite Worker Training Information

Mission Statement
New Horizons in Autism, Inc. is dedicated to serving individuals, families and educators in New Jersey by the following means:

- Delivering community based services
- Providing advocacy, support and technical awareness
- Increasing public awareness and education about autism
- Increasing the knowledge base of educators and families within the philosophy of Applied Behavior Analysis
- Contributing to the knowledge base within the field of autism through multiple outlets

Definition of Autism
Autism is a lifelong, biologically based disability diagnosed behaviorally, which effects an individual’s sensory perception, learning, communication and social skills. Symptoms of Autism fall into the following 4 categories of behavior:

1. Disturbances in the rate of appearance of physical, social and language skills.
2. Abnormal or unusual responses to sensory stimuli.
3. Abnormal ways of relating to people, objects or events.
4. Severely impaired language acquisition and comprehension.

Individuals with autism may exhibit various combinations of some or all of these signs and symptoms. The diagnosis of autism is made through the observation of behavior. No medical testing can be done to determine this diagnosis.

Applied Behavior Analysis
Highly-structured, skill oriented data based teaching and treatment programs, based on the principles of Applied Behavior Analysis are the most effective in improving the skills and behavior of individuals with autism. Such training must be tailored to the specific needs of the individuals, and must be delivered in a comprehensive, consistent, systematic and coordinated manner.

- ABA is a behavioral science which is dedicated to understanding and improving human behavior
- ABA focuses on the development of practical procedures which produce changes in human behavior
- Assumes a relationship with behavior and the environment
- A-B-C’s of behavior—Antecedent-Behavior-Consequence
- Behavior—overt; must be observable by others
The main characteristic of ABA is that all behavior is learned and therefore can be changed.

There are 3 principles of ABA:

1. All individuals tend to repeat behaviors which have been followed by a positive consequence
2. All individuals tend to not repeat behaviors which are not reinforced
3. All individuals learn best using small steps

Additional Resources

Autism Speaks: www.autismspeaks.org

Autism NOW: www.autismnow.org

Autism Resource Network: www.autismresourcenetwork.org

Autism Society of America: www.autism-society.org

New Horizons in Autism, Inc. Contacts

Normal Business Hours are 9am to 5 pm Monday through Friday. We are closed for all major holidays.

Phone Number: (732) 918-0850

OBerson Emmerich, Outreach Director – ex. 26

Jessica Asen Mulhern, Compliance Director – ex. 23

Rafia Akhtar – Assistant Outreach Director – ex. 11
New Jersey Universal Fingerprint Form

<table>
<thead>
<tr>
<th>(1) Originating Agency Number (OAI #)</th>
<th>(2) Category</th>
<th>(3) Statute Number</th>
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<tbody>
<tr>
<td>NJ920540Z</td>
<td>HSK</td>
<td>30:6D-64</td>
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(4) Reason for Fingerprinting: HUMAN SERVICES PRIVATE CONTRACTOR

(7) Contributory Case #: (Unique Identifier)

PC 1117

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<tr>
<th>(9) First Name</th>
<th>(10) MI</th>
<th>(11) Last Name</th>
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<tr>
<th>(12) Daytime Phone Number</th>
<th>(13) Social Security Number (Optional)</th>
<th>(14) Date of Birth</th>
<th>(15) Height</th>
<th>(16) Weight</th>
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<tr>
<th>(17) Maiden or Alias Last Name</th>
<th>(18) Place of Birth (US State if US Citizen, Country for all others)</th>
<th>(19) Country of Citizenship</th>
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<th>(20) Home Address</th>
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<td>Address</td>
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<tr>
<td>City</td>
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<td>State</td>
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<td>Zip</td>
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<tr>
<th>(21) Gender (Select one)</th>
<th>(22) Hair Color</th>
<th>(23) Eye Color</th>
<th>(24) Race (Select One)</th>
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<tbody>
<tr>
<td>Female</td>
<td></td>
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<td>1. Asian/Pacific Islander (includes Asian Indian)</td>
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<td>Male</td>
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<td>2. Black</td>
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<td>Both</td>
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<td>3. American Indian / Alaska Native</td>
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<td>5. Unknown</td>
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<tr>
<th>(25) Occupation/Position (with respect to Requirement)</th>
<th>(26) Employer/Organization Name (with respect to Requirement): New Horizons in Autism</th>
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<tbody>
<tr>
<td>Employer Address: 871 Batchelor Street</td>
<td>City: Toms River State: NJ Zip: 08753-</td>
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Identification Requirement - Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth and is issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are:
1. Valid U.S. State Photo Driver’s License/Non Driver’s License,
2. U.S. Passport,
3. USCIS Permanent Resident ID Card (issued after 5/10/2010),

Please READ this form carefully and follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. PLEASE PRINT LEGIBLY. It is required you present this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:
Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5951, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:
When an Applicant is responsible for payment. Payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/Reschedule:
Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of $10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:
An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment; Inability to present proper identification; Inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2. Information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a $10.00 appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:
Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide duplicate receipts. PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number: Payment Authorization: PCN:
Scheduled Day & Date: Scheduled Time: Scheduled Site:

Agency Information:
STATE AND FBI BACKGROUND CHECK

You MUST retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

IDG_NJAPP_020115_V2
**SELF HIRE RESPITE TIME SHEET**

<table>
<thead>
<tr>
<th>Name of Child:</th>
<th>Month and Year:</th>
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<tr>
<td>DATE</td>
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**TOTAL NUMBER OF HOURS (CANNOT EXCEED 20)**

**PROGRESS NOTE: PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SERVICE PROVIDED.**

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**PARENT SIGNATURE:** [ ]

**RESPITE WORKER:** [ ]

**PROGRAM DIRECTOR:** [ ]

**EXECUTIVE DIRECTOR:** [ ]

FAX TO: 732-918-0091    EMAIL TO: teicher@nhauslism.org
What is included in the progress note?

Simply include a brief description of service visit with date included and the youth’s response to the visit.

a. Example: During our three hour visit, parents were able to go out and we ate lunch and played a game, youth enjoyed the visit. Progress notes are signed by the individual that provided the service.

b. Please note that for self-hired respite, the progress notes can be maintained on file at the agency.

Progress notes and daily logs are to be completed by the respite worker, the form of which is left up to the provider.
906 Route 33 East, Freehold, NJ 07728

New Horizons in Autism

906 Route 33 East, Freehold, NJ 07728

Your child is eligible to receive the following program:

Self-Hire Respite (SHR) Program