



## Life Skills Group Winter 2010

Does your child need assistance in daily living skills such as:

- Meal preparation
- Household chores
- Self-care Skills
- Money management
- Telephone use/conversation
- Emergency management and home safety
- Health and nutrition
- Working constructively in a group setting

Our Life Skills group is lead through a framework of occupational independence and language pragmatics. It is targeted towards adolescents (approximately 7-14 years old) who have difficulties in the above listed areas of daily functioning and communication. Planning, problem solving, safety awareness, multi-tasking, and social skills are all areas addressed in this group. We have a strong belief that these skills need to be learned and experienced in real life, practical situations, and therefore group is lead both on and off-site.

Group will be lead by a speech and occupational therapist. Each child is required to be evaluated by both disciplines before beginning group, unless a recent evaluation can be provided.

The cost of the group program is \$800 billed to insurance at the end of the 10 week session. Please consult your insurance company to determine if group therapy is covered (code 97150 and 92508), since it is often not a covered service. An administrative discounted rate of \$600 is offered to families paying in full **in advance** and assuming responsibility for insurance reimbursement. The full amount will be charged even if every session is not attended.

We are really looking forward to getting this group going and feel that it is going to be a remarkable growth experience for our clients. Please contact the occupational therapy or speech therapy department at Kids Can Do, Inc. if you are interested in this group or would like further information.

Thank you,

Kids Can Do, Inc Occupational and Speech Therapy Departments



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**Life Skills Group Questionnaire From  
Winter 2010**

Winter Session Dates: January 4<sup>th</sup> ó March 8<sup>th</sup>

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Family Information:**

Home Address: \_\_\_\_\_

Family e-mail: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Please check services your child currently receives at KCD:

Occupational therapy

Physical Therapy

Speech-Language Therapy

**Group Schedule:** *(Please check)*

Life Skills

The day and time of Life Skills Group will be based on interest and availability of the families involved. Depending on the interest in a group please fill out the form and let us know your availability. We will try to accommodate as many children as possible.

Days and times available for scheduling: \_\_\_\_\_

**Method of Payment** (Please Check one):

I'd like to take advantage of the administrative discounted rate (\$600) to families who pay in advance. Insurance billing is the responsibility of the legal guardian. Payment is accepted in cash, check, or credit card and is due at the time of registration.

I'd like Kids Can Do, Inc. to bill my insurance at the rate of \$800. Payment is ultimately the responsibility of the legal guardian.

Parent/Guardian Signature

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