

Trellis Services, Inc.

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Dear Parent/Guardian:

You and your child have been referred to Trellis Services for provision of the following services identified under the Autism Waiver:

Family Training - We will establish goals for treatment together and integrate goals from your child’s school and other services identified in the plan of care. Training can be provided under these services for any persons living with or who provide care for the child, including relatives.

Intensive Individual Support Services – These services are intended to assist your child to acquire and retain skills related to socialization, daily living, community, behavior management, communication, safety, personal care, recreation, and self-direction. Goals and specific objectives will be developed along with you by a Case Manger and implemented by instructors. Instructors should receive regular and on-going supervision as well as on site assessment and observation by the Case Manger.

Respite Care - These services are intended to provide short-term care for your child in your absence. Prior to care of your child, instructors will be briefed by a case manager familiar with your child and his/her daily schedule. You must approve each instructor prior to care. Members of your family cannot be used as technicians under Title 10 department of Health and Mental Hygiene Subtitle 09, Chapter 56.

Therapeutic Integration – is an after school program designed to provide social and peer-related opportunities for your child. The focus is on therapeutic recreational activities and increased community independence.

I understand the above services identified in my plan of care and give approval for Trellis to provide:

Family Training _____
Intensive Individual Support Services _____
Respite Care _____
Therapeutic Integration _____

Name (please print)

Date

Signature