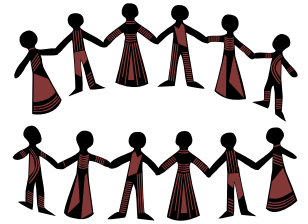




Arizona Autism United
5025 E Washington St
Suite 212
Phoenix, AZ 85034



Welcome to AZA United!

This organization is quite different from other provider agencies in Arizona because we are not owned or controlled by any single person or small group of people. Instead, **we are directed by the families we serve** – and that includes you! AZA United is a “Human Service Co-op.” Each year our families vote on the policies and programs that are most important to them. We not only listen to you – we work *for* you.

AZA United was originally formed by several local families who wanted more options and control over their child’s services. In the co-op model, families decide what we do and how we do it. The services are shaped by you and other families working together for the sake of your children. If there is something you want to change or add to our program, **you have a voice – and a vote!** Any family receiving services from AZA United can choose to become a member at no cost, which gives you voting privileges and access to a variety of additional resources and member benefits.

Enclosed with this letter you will find a brochure with more details. We also recommend checking out our website, www.AZAunited.org, to learn more about all of the different things we can do to help you. Any time you have a question, let us know!

We believe that parents are the starting point in creating effective programs for children. What is it that you want, and what is most important to your family? Our role is to lend our expertise to whatever degree that you need it. When you know what you want, we will support you and help make it happen. When you need guidance, we are here to help and offer suggestions based on our experience and clinical knowledge.

To get started, please **complete and return the following 5 documents** as soon as possible. We will need them before we can match you with any new habilitation or respite providers.

- 1. Family Intake Form**
- 2. Family Services Agreement**
- 3. Family Matching Information**
- 4. Habilitation Outcomes Survey**
- 5. Co-op Membership Information**

If you have any questions or ideas, please give us a call! We are always looking for ways to better serve our children and families. Welcome to the co-op!

(602) 773-5773 [office]
(602) 273-9108 [fax]
www.AZAunited.org

FAMILY INTAKE FORM

CHILD NAME (Last, First, M.I.)		
STREET ADDRESS		
CITY	STATE	ZIP CODE

DATE OF BIRTH	AGE
HEIGHT	WEIGHT
ETHNICITY	GENDER

MOTHER OR GUARDIAN'S NAME (Last, First, M.I.)		EMAIL	
STREET ADDRESS (if different)			PHONE # (home)
CITY	STATE	ZIP CODE	PHONE # (cell)
EMPLOYER	BUSINESS ADDRESS (city)		PHONE # (work)

FATHER OR GUARDIAN'S NAME (Last, First, M.I.)		EMAIL	
STREET ADDRESS (if different)			PHONE # (home)
CITY	STATE	ZIP CODE	PHONE # (cell)
EMPLOYER	BUSINESS ADDRESS (city)		PHONE # (work)

NAME OF DDD SUPPORT COORDINATOR	DDD OFFICE	PHONE #
URGENT CARE FACILITY/HOSPITAL NAME		PHONE #
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE #

CHILD'S PRIMARY DIAGNOSIS	OTHER DIAGNOSES (if any)
AGE WHEN DIAGNOSED	OTHER MEDICAL CONDITIONS OR CONCERNS

THINGS OR ACTIVITIES THAT THE CHILD LIKES	DISLIKES OR FEARS
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NAME OF SCHOOL OR DAY PROGRAM	CONTACT NAME	PHONE #
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FAMILY INTAKE FORM

COMMUNICATION SKILLS			
<input type="checkbox"/> Maintains a conversation	<input type="checkbox"/> Simple phrases	<input type="checkbox"/> Signs	<input type="checkbox"/> Follows directions
<input type="checkbox"/> Speaks in sentences	<input type="checkbox"/> Single words	<input type="checkbox"/> Gestures	<input type="checkbox"/> Understands what is said
PRIMARY LANGUAGE (English, Spanish)	COMMUNICATION AIDS	COMMENTS	

DAILY SUPPORT NEEDS			
<input type="checkbox"/> Bathing	<input type="checkbox"/> Toileting	<input type="checkbox"/> Dental care	<input type="checkbox"/> Shaving
<input type="checkbox"/> Hand washing	<input type="checkbox"/> Diapers	<input type="checkbox"/> Dressing	<input type="checkbox"/> Menstrual care
COMMENTS			

VISION	HEARING	MOBILITY
<input type="checkbox"/> Glasses	<input type="checkbox"/> Hard of hearing	<input type="checkbox"/> Excellent balance
<input type="checkbox"/> Legally blind	<input type="checkbox"/> Hearing aid	<input type="checkbox"/> Poor balance
<input type="checkbox"/> Contacts	<input type="checkbox"/> Other:	<input type="checkbox"/> Moderate balance
<input type="checkbox"/> Other:		<input type="checkbox"/> Wheelchair or device
FINE MOTOR OR OTHER PHYSICAL CONSIDERATIONS		

SAFETY AND BEHAVIORAL CONCERNS			
<input type="checkbox"/> Unaware of dangers at home	<input type="checkbox"/> Aggression toward others	<input type="checkbox"/> Property destruction	<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Unaware of dangers in community	<input type="checkbox"/> Self-injurious	<input type="checkbox"/> Sexual acting out	<input type="checkbox"/> Tactile defensive
OTHER CONCERNS OR COMMENTS			

FOOD AND DIETARY CONSIDERATIONS			
<input type="checkbox"/> Restricted diet	<input type="checkbox"/> Adaptive utensils	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Special liquid intake needs
<input type="checkbox"/> Special food preparation	<input type="checkbox"/> Requires eating assistance	<input type="checkbox"/> Tube feeding	<input type="checkbox"/> Food is a choking hazard
COMMENTS			

HEALTH AND MEDICAL ISSUES		
<input type="checkbox"/> Allergies to food	<input type="checkbox"/> Other allergies	COMMENTS ABOUT ALLERGIES
<input type="checkbox"/> Allergies to medication	<input type="checkbox"/> Other sensitivities	
SEIZURE HISTORY	RECOMMENDED RESPONSE TO SEIZURES	
OTHER MEDICAL COMMENTS		

PARENT/GUARDIAN NAME

SIGNATURE

DATE

AZA UNITED REPRESENTATIVE NAME AND TITLE

SIGNATURE

DATE



Arizona Autism United, Inc.

5025 E Washington St, Suite 212
Phoenix, AZ 85034

Family Services Agreement

Arizona Autism United, Inc. (AZA United) strives to provide the best services possible to our families. As part of this commitment, parents/guardians must follow all state and federal regulations, as well as general AZA United policies, to enhance practices of safety, quality, confidentiality, risk management and compliance with the law. If you have questions about any of the points in this *Family Services Agreement*, please contact us *before* beginning services.

- **Limitations on Service Hours**
 - Total respite services cannot exceed 12.75 hours in any 24-hour period.
 - Employees are only responsible for the child receiving services; if it is necessary to provide care to more than one child at a time, please contact AZA United for prior approval (a reduced pay rate will apply).
- **Risk Management Policies**
 - Employees cannot administer any medications.
 - Employees have the option to drive with the child but are not required to do so.
 - An employee who chooses to drive with the child must have a completed Driving Waiver on file with AZA United and meet all eligibility requirements therein.
 - It is strongly recommended that families contact AZA United prior to allowing an employee to drive with the child to ensure that a current Driving Waiver is on file.
 - AZA United does *not* inspect employee-owned vehicles when approving a Driving Waiver.
- **Article 9 Requirements**
 - All employees have taken a class and passed a test on Article 9 (Managing Inappropriate Behaviors) as required by the Arizona Division of Developmental Disabilities (DDD).
 - Employees are always required to abide by the guidelines of Article 9.
 - AZA United welcomes parents to attend an Article 9 class (free of charge) or contact us for questions on the use of any specific techniques.
 - For example, employees are NOT authorized to use techniques such as: locking a child in an isolation room; using offensive tastes, sounds, or other noxious stimuli; restraining the child in a non-emergency situation; using excessive force with the child; taking away earned rewards or privileges; using protective equipment to minimize self-injury.
- **Employee Screening and Hiring Processes**
 - All Autism Interventionist job applicants (including family referrals) are subject to the same screening and hiring process, which includes an in-person interview, prior to being considered for and/or offered employment.
 - All new employees must successfully complete a New Employee Orientation class (they will be compensated for their time at minimum wage) before providing any services.
 - All employees must submit the following documentation before providing any services:
 - Signed Confidentiality Agreement
 - Signed and notarized Criminal Record Self-Disclosure
 - 3 personal references (non-relatives)
 - Current CPR & First Aid certifications
 - Fingerprint clearance from the Arizona Department of Public Safety (DPS) is also required. If employees submit a current Fingerprint Clearance Card, AZA United will verify with DPS that the employee still meets the clearance requirements. If the employee does not have this card, AZA United can assist the employee with taking fingerprints and submitting a Fingerprint Clearance Card application to DPS. Because of the delay in processing these fingerprints (e.g., one or two months), employees may be given clearance to begin working if there are no indications from the Criminal Record Self-Disclosure that they might be denied a Fingerprint Clearance Card. If there is any uncertainty, AZA United will delay authorization to begin working until clearance is given from DPS.

- **Incident Reporting**
 - To enhance our quality of service and ability to respond to needs, employees are responsible for informing AZA United of any incidents that occur on the job, including:
 - Injuries to employee or child
 - Accidents involving employee or child
 - Instances of possible child abuse or neglect
 - Any observation or occurrence that might be of concern or in question

- **Timesheets**
 - Employees are responsible for submitting completed timesheets to families for review.
 - Timesheets should be submitted twice per month. If faxing or submitting online, copies with original signatures must be submitted shortly after (by mail or drop off).
 - Parents/guardians are responsible for reviewing timesheets for accuracy.
 - Employees cannot overlap during service hours (i.e., only one provider at a time).
 - Parents/guardians may only sign timesheets that have been completed and reviewed. Never sign a blank timesheet or agree to let the employee fill in more hours later.
 - Families must keep track of all hours per service to avoid going over the number of hours allotted by DDD. Contact AZA United if you do not know how many hours you have.
 - Parents/guardians are responsible for reimbursing AZA United for hours worked by employees that exceed the amount authorized for the child by DDD.
 - Timesheets must have signatures from the employee and parent/guardian to be accepted.

- **Habilitation Goals, Progress Reports and Program Support**
 - Habilitation involves annual goals and program revisions.
 - AZA United is available to help write goals and objectives, as well as design habilitation activities and reinforcement systems to boost progress and maintain motivation.
 - Habilitators must submit monthly Progress Reports signed by the parent/guardian. These reports are forwarded to the child's DDD Support Coordinator and may be reviewed as a representation of the child's program. Therefore, it is very important for parents to review all reports and make sure they are thoroughly detailed and address all goals.

- **Family Intake Information**
 - The Family Intake Form is AZA United's source of the family's contact information and the child's needs. Families will be contacted annually to review and update this information.
 - Employees are given the relevant information on this form for each child they serve, and families should review this information with every new person working with your child.
 - Families should contact AZA United any time their information changes

- **Appropriate Conduct with Employees**
 - AZA United highly values all of our children, families and employees.
 - If families wish to videotape habilitation sessions or related activities, they must first get the employee's consent to be videotaped and approval from AZA United.
 - If at any time the employee or the family are not content in working with each other, either party can end the relationship for any reason by contacting AZA United beforehand. Two weeks notice is preferred.
 - Employees are instructed to be respectful of the family's needs by following through on scheduling commitments and always giving notice when unexpected changes occur. Please offer the same respect to your providers and be aware of their stated needs.
 - All families are asked to maintain open communication with employees and contact AZA United with any questions or concerns.

I have read and understood the policies, procedures and recommendations described in this Family Services Agreement. I wish to receive services from AZA United in accordance with this agreement.

Name of Parent/Guardian

Signature

Date



Arizona Autism United
 5025 E Washington St
 Suite 212
 Phoenix, AZ 85034

Family Matching Information

Child's Name:	Age:	Phone Number:
Parent's Name:	Email:	
Child's Address:		

Do you **already have** a provider that is interested in working for AZA United? Yes No

If yes, what is the provider's name and phone number? _____

Are you looking for a **new provider** to work with your child? Yes No (if no, stop here and sign at the bottom)

How many **hours per week** do you need for each service? _____ Habilitation _____ Respite _____ Attendant Care

Has your child ever received these services before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the provider need to drive with your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the provider need to administer any medication ? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
What times do you need for each day?							
Which services?							

List any specific **requirements** for your child's program. Please note that we try to give each family as many options as possible to find a good match for your child, so more requirements will mean fewer available providers.

Previous habilitation experience Will change diapers Client Intervention Training (CIT)
 Will participate in potty training Other: _____

****Please note we do NOT accept discriminatory criteria, including race, color, national origin, gender, age and religion.****

Once we receive this form, we will search for available providers for your family. Every effort will be made to honor these requests; however, **we cannot guarantee that we will have providers available that exactly match your criteria.** We will contact you if we have a possible match so that you can meet with the provider first. You can always decide not to accept a match without giving us a reason. A match is only made when both the provider and the family agree that it is a good fit. Always contact us within 24 hours of meeting a provider to tell us your decision. Please also remember to let us know when you no longer need additional providers for your family. Contact us any time you have questions.

Parent Signature: _____

Date: _____

(602) 773-5773 [office]
 (602) 273-9108 [fax]
www.AZAUnited.org

COMMUNICATION

Which method of communication does your child use, or which ones should habilitators teach? Choose one or more:

- Talking Using pictures (PECS) Pointing and other gestures
 Sign language Augmentative communication device Other:

How well does your child communicate with each of these methods right now? Please describe:

Which statement best describes your child's communication ability?

- [A]** Usually does not communicate basic needs or understand simple directions
- [B]** Has some words (emerging language) and understands a few directions
- [C]** Uses phrases, answers some questions, and understands a variety of simple directions
- [D]** Answers and asks questions, understands most directions, and participates in some conversation

If you answered [A], skip the questions below and go to the next page.

If you answered [B], [C] or [D], look at the skills listed in the box below. Choose which goals you would like your habilitators to focus on throughout the year.

[B]	<input type="checkbox"/> Following 2-step directions <input type="checkbox"/> Labeling actions in pictures or other people (verbs) <input type="checkbox"/> Naming categories (animals, foods, vehicles, etc.) <input type="checkbox"/> Using prepositions (on top, under, behind, etc.) <input type="checkbox"/> Describing what things are used for ("What do you do with a spoon?" etc.) <input type="checkbox"/> Recognizing emotions in people and pictures <input type="checkbox"/> Using adjectives to describe objects <input type="checkbox"/> Labeling gender for people and pictures <input type="checkbox"/> Answering common social questions ("What's your name?", "How old are you?", etc.) <input type="checkbox"/> Answering simple "yes" or "no" questions <input type="checkbox"/> Using "my" and "your" correctly <input type="checkbox"/> Answering questions starting with, "Who..?" or "What..?" <input type="checkbox"/> Responding appropriately to basic conversational cues (questions or statements) <input type="checkbox"/> Other ideas:
[C]	<input type="checkbox"/> Following complex instructions <input type="checkbox"/> Answering questions starting with, "Where..?" or "When...?" <input type="checkbox"/> Answering questions starting with, "Why..?" <input type="checkbox"/> Asking other people questions <input type="checkbox"/> Using the phrase, "I don't know," in appropriate situations <input type="checkbox"/> Speaking in correct verb tenses (past, present, or future) <input type="checkbox"/> Describing pictures or objects using a variety of language <input type="checkbox"/> Talking about recent past events or personal experiences <input type="checkbox"/> Using negation words correctly (not, don't, won't, can't, etc.) <input type="checkbox"/> Using a variety of pronouns correctly (he, she, it, they, etc.) <input type="checkbox"/> Listening to a story, and answering questions or talking to other people about it <input type="checkbox"/> Responding appropriately in conversations when there is not a direct question <input type="checkbox"/> Other ideas:
[D]	<input type="checkbox"/> Describing how to do different things to other people <input type="checkbox"/> Continuing a conversation in many different situations with a variety of topics <input type="checkbox"/> Remembering and talking about things that happened in the past <input type="checkbox"/> Giving detailed descriptions about things, events, topics, or people <input type="checkbox"/> Making up a story and telling it to others <input type="checkbox"/> Asking for clarification when confused in different situations <input type="checkbox"/> Explaining things to other people when they are confused <input type="checkbox"/> Using jokes, sarcasm, slang, and other forms of age-appropriate social language <input type="checkbox"/> Other ideas:

SOCIALIZATION

Which best describes your child's social skills and independent play or leisure abilities?

- [A]** Rarely shows social awareness of others and has very few appropriate play or leisure skills
- [B]** Shows some social awareness with others and has basic play or leisure skills
- [C]** Shows interest in socially interacting with others and has several appropriate play or leisure skills
- [D]** Engages in appropriate social interactions with others in some situations

Based on your answer, look at the skills listed in the box below. Choose which goals you would like your habilitators to focus on throughout the year.

[A]	<input type="checkbox"/> Imitating different movements (clapping, stomping feet, etc.) <input type="checkbox"/> Imitating actions with objects (banging a hammer, stacking blocks, etc.) <input type="checkbox"/> Imitating oral motor movements (sticking out tongue, puffing cheeks, etc.) <input type="checkbox"/> Imitating different things with blocks <input type="checkbox"/> Playing with basic toys appropriately (rolling a car, dressing a doll, etc.) <input type="checkbox"/> Playing comfortably near other children <input type="checkbox"/> Taking turns appropriately <input type="checkbox"/> Being motivated to do things just for praise or other social reinforcement <input type="checkbox"/> Other ideas:
[B]	<input type="checkbox"/> Imitating different types of pretend or imaginary play <input type="checkbox"/> Organizing appropriate play or leisure activities independently <input type="checkbox"/> Engaging in age-appropriate interests or toy play <input type="checkbox"/> Playing with other children or peers in facilitated play dates <input type="checkbox"/> Responding to different types of greetings <input type="checkbox"/> Asking others for help <input type="checkbox"/> Sharing with others when asked to do so <input type="checkbox"/> Other ideas:
[C]	<input type="checkbox"/> Playing games with others <input type="checkbox"/> Engaging in pretend play that involves a theme (superheroes, princesses, etc.) <input type="checkbox"/> Maintaining appropriate personal space when interacting with others <input type="checkbox"/> Making eye contact when requesting something <input type="checkbox"/> Making eye contact with greetings <input type="checkbox"/> Asking others to join in play <input type="checkbox"/> Being flexible in a variety of play situations with peers <input type="checkbox"/> Listening to social stories and becoming more self-aware in certain situations <input type="checkbox"/> Other ideas:
[D]	<input type="checkbox"/> Pursuing age-appropriate interests, activities or hobbies <input type="checkbox"/> Joining a group of children already playing <input type="checkbox"/> Maintaining reasonable eye contact during conversation <input type="checkbox"/> Starting new conversations with other people <input type="checkbox"/> Taking another person's perspective to see their point of view <input type="checkbox"/> Joining a group of others already having a conversation <input type="checkbox"/> Other ideas:

FINE MOTOR

Which best describes your child's fine motor skills?

- [A]** Has a lot of difficulty using fingers functionally (picking things up small items, opening things, etc.)
- [B]** Can do some basic tasks well (scribbling with a crayon, stacking blocks, etc.)
- [C]** Able to meet daily fine motor needs some of the time (zippers, buttons, etc.)
- [D]** Has no delay in fine motor skills (does not need to be included in habilitation)

Look at the skills listed in the box below. Choose which goals you would like your habilitators to focus on throughout the year.

<input type="checkbox"/> Single-piece puzzles	<input type="checkbox"/> Interlocking-piece puzzles	<input type="checkbox"/> Drawing pictures
<input type="checkbox"/> Stringing large beads	<input type="checkbox"/> Stringing small beads	<input type="checkbox"/> Coloring pictures
<input type="checkbox"/> Stacking blocks	<input type="checkbox"/> Using legos	<input type="checkbox"/> Arts & crafts
<input type="checkbox"/> Scribbling with a crayon	<input type="checkbox"/> Pouring liquids	<input type="checkbox"/> Other ideas:
<input type="checkbox"/> Using a pincer grasp	<input type="checkbox"/> Drawing lines	
<input type="checkbox"/> Using a shape sorter	<input type="checkbox"/> Drawing shapes	
<input type="checkbox"/> Opening and closing lids	<input type="checkbox"/> Cutting with scissors	

GROSS MOTOR

Which best describes your child's gross motor skills?

- [A]** Not yet able to do basic gross motor activities (walking comfortably, running, jumping)
- [B]** Able to do basic activities but still has difficulties
- [C]** Can do several advanced gross motor activities successfully (catch & throw, kick a ball, etc.)
- [D]** Has no significant delay in gross motor skills (does not need to be included in habilitation)

Which of the skills listed in the box below would you like habilitators to focus on throughout the year?

<input type="checkbox"/> Running	<input type="checkbox"/> Standing on one foot	<input type="checkbox"/> Playing catch
<input type="checkbox"/> Jumping	<input type="checkbox"/> Hopping	<input type="checkbox"/> Kicking a ball back & forth
<input type="checkbox"/> Throwing a ball	<input type="checkbox"/> Bouncing a ball	<input type="checkbox"/> Sports & fitness activities
<input type="checkbox"/> Rolling a ball	<input type="checkbox"/> Catching a ball	<input type="checkbox"/> Riding a bike
<input type="checkbox"/> Climbing stairs	<input type="checkbox"/> Kicking a ball	<input type="checkbox"/> Other ideas:

REASONING & MEMORY

Which of the skills listed in the box below would you like habilitators to focus on throughout the year?

<input type="checkbox"/> Matching identical objects or pictures	<input type="checkbox"/> Counting by rote
<input type="checkbox"/> Matching colors or shapes	<input type="checkbox"/> Sorting
<input type="checkbox"/> Counting objects	<input type="checkbox"/> Identifying more & less
<input type="checkbox"/> Identifying colors or shapes	<input type="checkbox"/> Completing patterns
<input type="checkbox"/> Organizing by category	<input type="checkbox"/> Picture sequences
<input type="checkbox"/> Predicting outcomes	<input type="checkbox"/> Problem-solving in hypothetical situations
<input type="checkbox"/> Identifying what's wrong or missing	<input type="checkbox"/> Problem-solving in role play situations
<input type="checkbox"/> Other ideas:	

SELF-HELP

Which best describes your child's self-help abilities and daily living skills?

- [A]** Needs assistance with basic self-help (eating, drinking, getting dressed, etc.)
- [B]** Has some self-help skills but needs assistance to complete a process (brushing teeth, toileting, etc.)
- [C]** Can complete basic processes independently but needs guidance to attend to personal needs
- [D]** Ready to participate in household maintenance routines or access the community independently

Based on your answer, look at the skills listed in the box below. Choose which goals you would like your habilitators to focus on throughout the year.

<p>[A] or [B]</p>	<input type="checkbox"/> Drinking from an open cup <input type="checkbox"/> Using utensils <input type="checkbox"/> Using a napkin or tissue <input type="checkbox"/> Removing clothing items <input type="checkbox"/> Getting dressed <input type="checkbox"/> Washing hands <input type="checkbox"/> Combing or brushing hair	<input type="checkbox"/> Brushing teeth <input type="checkbox"/> Using the toilet with prompts <input type="checkbox"/> Zippers, buttons & snaps on clothing <input type="checkbox"/> Tying shoes <input type="checkbox"/> Independently using the toilet <input type="checkbox"/> Other ideas:
<p>[C] or [D]</p>	<input type="checkbox"/> Choosing clothes & getting dressed <input type="checkbox"/> Getting food from the kitchen <input type="checkbox"/> Making the bed <input type="checkbox"/> Using the telephone <input type="checkbox"/> Doing laundry <input type="checkbox"/> Maintaining a clean bedroom	<input type="checkbox"/> Setting the table <input type="checkbox"/> Household chores <input type="checkbox"/> Maintaining personal hygiene <input type="checkbox"/> Using money in the community <input type="checkbox"/> Using public transportation <input type="checkbox"/> Other ideas:

ADAPTIVE BEHAVIOR

Which areas of adaptive behavior should habilitators focus on improving? **Circle ALL that apply:**

- [A]** Challenging behaviors that interfere with learning or community and family participation
- [B]** Cooperation for general tasks or reasonable instructions
- [C]** Coping with stress appropriately in different situations and environments
- [D]** Safety skills and awareness of dangers at home and in the community
- [E]** Self-monitoring own behavior to achieve personal goals

Based on your answer, look at the skills listed in the box below. Choose which ones you would like your habilitators to focus on throughout the year.

[A]	<input type="checkbox"/> Responding to basic instructions <input type="checkbox"/> Making eye contact when prompted <input type="checkbox"/> Reducing tantrums	<input type="checkbox"/> Reducing aggression toward others <input type="checkbox"/> Reducing self-injurious behavior <input type="checkbox"/> Developing interest in appropriate reinforcers
[B]	<input type="checkbox"/> Displaying positive behavior in public <input type="checkbox"/> Persistence with challenging tasks <input type="checkbox"/> Using basic visual supports or schedules	<input type="checkbox"/> Helping to choose own reinforcers <input type="checkbox"/> Accepting and responding positively to boundaries
[C]	<input type="checkbox"/> Using advanced visual supports <input type="checkbox"/> Increasing tolerance of sensory input <input type="checkbox"/> Transitioning without behavior problems	<input type="checkbox"/> Demonstrating flexibility with changes in routine <input type="checkbox"/> Communicating personal needs
[D]	<input type="checkbox"/> Recognizing dangers at home <input type="checkbox"/> Recognizing dangers in the community	<input type="checkbox"/> Crossing the street safely <input type="checkbox"/> Understanding stranger danger
[E]	<input type="checkbox"/> Helping to organize a daily schedule <input type="checkbox"/> Monitoring own behavior	<input type="checkbox"/> Understanding and following rules <input type="checkbox"/> Preparing for daily events or common issues



Co-op Membership Information

Arizona Autism United, Inc. (AZA United) is a “Human Service Co-op” nonprofit organization. Anyone who receives our services has the option of becoming a “Member” of the co-op. Membership offers a variety of benefits and opportunities and is free. As a Member, you would be eligible to:

- Participate in AZA United family events, activities and workshops
- Participate in the Annual Membership Meeting
- Vote on a variety of issues (Board elections, changes to the bylaws, new programs, etc.)
- Join a special-interest Committee
- Attend AZA United Board meetings
- Run for a seat on the Board of Directors
- Share ideas, thoughts and concerns, and have opportunity to take action
- Help shape the current services and future growth of AZA United

Although none of these things are required as a Member, it is presumed that all Members will take an active role in whatever way they can, as well as be a representative of the co-op and share information with other families when the opportunity arises.

Please indicate below if you would like to be a Member of AZA United, Human Service Co-op.

- Yes, I would like to apply to be a Member of AZA United, HSC.
- No, I am not interested in being a Member of AZA United, HSC. I am only interested in receiving services.

Name of child (Member): _____

Name of parent/guardian (Member Representative): _____

“As a Member/Member representative of AZA United, HSC, I agree to participate in Member activities at the level I can and to abide by the Articles of Incorporation, Bylaws and policies of AZA United, HSC.”

Signature: _____ Date: _____

Completed forms can be sent to:

5025 E Washington St, Suite 212, Phoenix, AZ 85034
Fax: (602) 273-9108

For more information or membership questions, contact us at (602) 773-5773, or visit our website at: www.AZAUnited.org