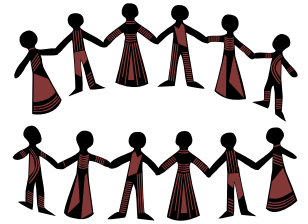




Arizona Autism United
5025 E Washington St
Suite 212
Phoenix, AZ 85034



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!**

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, just follow the enclosed “**To do**” **list for new families**. Please **complete and return the following 7 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 Agreement for DDD Services**
3. **Family Matching Information**
4. **Liability Release for Activities Agreement**
5. **Notice of Privacy Practices**
6. **Driving Policy & Client Waiver**
7. **Firearm & Dangerous Weapons Agreement**

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

"To do" list for new families

- 1. Submit all intake forms to AZA United (mail or fax)
- 2. Check in with AZA United to make sure everything has been received
- 3. Ask your DDD support coordinator for your ISP (if you don't have it)

Once you are contacted by an AZA United habilitation or respite provider:

- 1. Talk on the phone, ask about their background, describe what you need
- 2. Meet with the provider and decide if you think it's a good fit
- 3. Contact AZA United to confirm your decision

Once you have confirmed who will be working with you:

- 1. Inform DDD support coordinator to authorize hours to AZA United
- 2. Contact AZA United to find out the start date for the authorization
- 3. Contact your habilitation/respite provider to plan a schedule
- 4. Make a copy of the ISP functional outcomes for your habilitation provider
- 5. The first few sessions are usually spent pairing (playing, rapport building, etc.)
- 6. After about 2 weeks or 5 sessions, contact AZA United to schedule a follow-up visit with a program supervisor to assist you and your provider

Reviewing timesheets and reports:

- 1. Twice a month, your provider will submit timesheets to AZA United
- 2. Once a month, your habilitation provider will submit a progress report
- 3. Review timesheets for accuracy and sign
- 4. Review progress reports for completeness and sign
- 5. Providers are responsible for submitting their own timesheets and reports on time
- 6. Contact AZA United any time you have questions about authorizations or available hours, outcomes and progress reports, or anything else!

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
---	-------------------

NAME OF SCHOOL OR DAY PROGRAM	CONTACT NAME	PHONE #
-------------------------------	--------------	---------

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"/> Contacts	<input type="checkbox"/> Hearing aid	<input type="checkbox"/> Moderate balance
<input type="checkbox"/> Legally blind		<input type="checkbox"/> Poor 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 Agreement for DDD Services

Arizona Autism United, Inc. (AZA United) strives to provide the best services possible to our families, and we recognize that you have a choice of providers for your child's DDD services. For us to uphold 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 DDD services.
 - If it is necessary to provide care to more than one child at a time, AZA United must give prior approval (a reduced pay rate will apply). Contact us ahead of time to discuss.

- **Risk Management Policies**
 - Employees are not authorized to 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 Article 9, CPR & First Aid certifications
 - Other related hiring requirements
 - 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. However, this does not guarantee that the employee's fingerprint clearance will not be denied. If there is any uncertainty, AZA United will delay authorization to begin working until clearance is given from DPS. If clearance is denied or revoked after an employee has begun working, the employee will be notified and suspended immediately, and client families will be notified as well that the employee is not currently eligible to continue providing services.

- **Incident Reporting**
 - To enhance our quality of service and ability to respond to needs in compliance with the law, all employees are required to inform AZA United within 24 hours of any incidents that occur on the job, including:
 - Injuries to employee or child
 - Accidents involving employee or child
 - Instances of possible child abuse, neglect, or dangers in the child's environment
 - New behaviors that may pose a danger or are unexpected based on the child's previous evaluations
 - Instances when the employee has felt threatened or endangered in any way
 - Any observation or occurrence that is unusual or might be of concern

- **Timesheets**
 - Employees are responsible for submitting completed timesheets to parents for approval.
 - Timesheets should be submitted twice per month. If submitting online, a signed copy must be submitted shortly after (by mail, fax, or drop off). Faxed signatures are acceptable.
 - Parents/guardians are responsible for reviewing timesheets for accuracy.
 - Employees cannot overlap during service hours (i.e., more than one provider cannot work at the same time) without prior approval from AZA United.
 - 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 have questions about your available hours.
 - 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 Outcomes, Progress Reports and Program Support**
 - Habilitation involves working toward functional outcomes listed in the child's ISP from DDD.
 - AZA United is available to help develop suggested outcomes prior to an ISP meeting or any time you would like to update the ISP. Only DDD can change the outcomes listed on the ISP.
 - Habilitators must submit Monthly Habilitation Progress Reports to report on each functional outcome, 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 current outcomes. AZA United is available to assist employees in writing sufficient progress reports.

- **Family Intake Information**
 - The Family Intake Form is AZA United's source of the family's contact information and the child's needs. Families may be contacted annually to review and update this information.
 - Employees are given a blank form to obtain similar information from each new family they work for, for their records and to submit to AZA United as proof of client orientation.
 - Families should contact AZA United any time your contact or other 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 once a schedule has been agreed upon, 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.
 - A "Parent Handbook" is available for families with more details regarding services, policies, resources, suggestions and more. Contact AZA United anytime to request a copy.

I have read and understood the policies, procedures and recommendations described in this agreement. I understand that a Parent Handbook is also available to me upon request with more detailed information on programs, policies and resources. I wish to receive DDD 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 Home Address:	Major Cross Streets:	

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
---	---	--

	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>	<i>Sun</i>
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: _____

<p><i>For office use only:</i></p> <p>Hab M? _____ Date added: _____</p>
--

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



Arizona Autism United

5025 E Washington St

Suite 212

Phoenix, AZ 85034

Liability Release for Activities Agreement

I, _____, understand that my child may participate in activities with inherent risks while receiving services through Arizona Autism United, Inc. ("AAU"). I understand that my child may participate in or be otherwise involved in physical or other activities that have the potential risk of injury ("Activities"). Such activities may include, but are not limited to, swimming, exercising, or other recreational activities. I voluntarily assume these risks on behalf of my child.

I agree that I will allow my child to perform only those Activities that they are capable of and comfortable performing. I understand that if my child is not capable of or comfortable with any Activities I will inform AAU and will not permit my child to participate.

In consideration of being allowed to have my child participate in Activities, I hereby forever release AAU; its officers; directors; agents; employees; and any AAU volunteers from any and all claims; lawsuits; damages; or losses arising out of or in any way related to my child's Activities that may be asserted by or on behalf of me.

I agree to be responsible for my child's behavior and to indemnify and hold harmless AAU, its officers, directors, employees, agents, and volunteers from any damages or liabilities arising out of their participation in Activities through AAU.

This Agreement is binding on all heirs, successors, representatives and assigns of all parties hereto. This Agreement is governed by the laws of Arizona.

Participant acknowledges reading and understanding this Agreement prior to signing below. Participant understands that no verbal agreement supersedes this Agreement.

Printed Name of Participant/Child

Signature of Parent or Participant

Date

Printed Name of AAU Staff Member

Signature

Date



Arizona Autism United

5025 E Washington St

Suite 212

Phoenix, AZ 85034

Notice of Privacy Practices

At the AZA United, we believe that your information is personal. We keep records of the care and services that you receive at our facilities. We are committed to keeping your health information private, and we are also required by law to respect your confidentiality.

This Notice describes the privacy practices of AZA United. This Notice applies to all of the health records that identify you and the services you receive from AZA United. If the client is under 18 years of age, parents or guardians must sign and handle the child's privacy rights. We are legally required to give you this Notice and to follow the terms of the Notice that is currently in effect.

AZA United Responsibilities

AZA United is required to abide by the terms of this notice currently in effect by maintaining the privacy of your Protected Health Information and providing you with notice of our legal duties and privacy practices with respect to Protected Health Information.

Notice Revisions

AZA United reserves the right to revise the terms of this notice and to make the revised terms effective for all Protected Health Information that it maintains. If AZA United revises this notice, we will make the revised notice available within sixty (60) days.

DEFINITIONS

Business Associate - a person or entity that uses Protected Health Information to perform a service for AZA United. These services include but are not limited to:

- Database Administration
- Billing
- Claim Processing
- Data Entry

Health Care Operations - Activities related to AZA United operations including but not limited to:

- Quality assessment and improvement
- Therapist performance evaluations
- Fraud and abuse detection
- Claim payment
- Claim audits
- Client issue resolution

Payment – AZA United's collection of fees related to services performed.

Protected Health Information – Information relating to AZA United client's past, present or future health or condition, the provision of services to an AZA United client or payment for the provision of services to an AZA United client. Protected Health Information includes, but is not limited to:

- Client name
- Social Security Number
- Service Date
- Diagnosis information
- Claim information

Treatment – The provision, coordination or management of habilitation, respite, attendant care or other related services by one or more AZA United employees.

PRIVACY PRACTICES

How AZA United uses and discloses information about you:

AZA United will only use and disclose your Protected Health Information without your authorization when necessary for:

- Coordination of your habilitation, respite, attendant care or other related services
- Disclosure to the Division of Developmental Disabilities to the extent permitted by law
- Payment
- Health care operations
- As required by law (please see 'Use or Disclose Required or Permitted by Law' section)

Disclosure to AZA United Business Associates:

AZA United will only disclose your Protected Health Information to Business Associates who have agreed in writing to maintain the privacy of Protected Health Information as required by law.

Use or Disclosure Requiring Authorization

AZA United will not use or disclose your Protected Health Information for purposes other than those described in this notice. If it becomes necessary to disclose any of your Protected Health Information for other reasons, AZA United will request your written authorization.

Revoking Authorization: If you provide written authorization, you may revoke it at any time in writing, except to the extent that AZA United has relied upon the authorization prior to its being revoked.

(602) 773-5776 [office]

(602) 273-9108 [fax]

www.AZAUnited.org

Use or Disclosure Required or Permitted by Law

AZA United may use or disclose your Protected Health Information to the extent that the law requires the use or disclosure:

- **Public Health** – For public health activities or as required by public health authority
- **Health Oversight** – To a health oversight agency for activities such as audits, investigations and inspections. Oversight agencies include but are not limited to government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Legal Proceedings** – In response to an order of a court or administrative tribunal, in response to a subpoena, discover request or other lawful purposes
- **Law Enforcement** – For law enforcement purposes, including
 - Legal process or as otherwise required by law
 - Limited information requests for identification and location
 - Use or disclosure related to a victim of a crime
 - Suspicion that death has occurred as a result of criminal conduct
 - In a medical emergency where it is likely that a crime has occurred
- **Criminal Activity** – As requested by law enforcement authorities, if the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public

Use and Disclosure Examples

- **Payment** – AZA United uses and discloses Protected Health Information to audit and review billing to state agencies and insurance companies
- **Health Care Operations** – AZA United uses and discloses Protected Health Information to audit and review claims payment activity to ensure that claims were paid correctly
- **Treatment** – AZA United uses and discloses Protected Health Information to coordinate treatment by another service provider

KNOW YOUR RIGHTS

Review your Protected Health Information

You may have a right to inspect and obtain a copy of your Protected Health Information.

Important – If you feel your Protected Health Information is incorrect, you have the right to request that it be amended

Request to Restrict your Protected Health Information

You can request restriction on the use and disclosure of your Protected Health Information. AZA United is not required to agree to a requested restriction.

Confidential Information

When necessary, AZA United may mail Protected Health Information to your home. If you feel receiving a copy of your Protected Health Information at your home could compromise your safety, you may request in writing, an alternate communication method and/or location.

Accounting of Disclosures

If a disclosure of your Protected Health Information as made for a reason other than treatment, payment or health care operations, you have a right to receive an accounting of the disclosure.

Receive a Copy

You may request a copy of this notice of Privacy Practices from our office at 5025 E Washington St. #212, Phoenix, AZ 85034

Complaints

If you believe that your privacy rights have been violated, you may submit a complaint to AZA United or to the U.S. Secretary of Health and Human Services at any time. AZA United will not retaliate against you for filing a complaint. File complaints with AZA United by contacting us at info@AZAUnited.org or by calling us at 602.773.5773 for complaints regarding:

- Restriction on the use or disclosure of your Protected Health Information
- Amendments to your Protected Health Information
- Accounting of the use or disclosure of your Protected Health Information

File complaints with the U.S. Secretary of Health and Human Services using the HIPAA Complaint Submission form at cms.hhs.gov/hipaa/hipaa2/default.asp or by mail to: HIPAA Complaint, 7500 Security Blvd., C5-24-04, Baltimore, MD 21244 for complaints regarding:

- AZA United business practices
- The use of your Protected Health Information

CONTACT INFORMATION

Contact us at 602.773.5773 to request:

- Restrictions on the use or disclosure of your Protected Health Information
- Amendments to your Protected Health Information
- Revoking Authorizations
- Accounting of the use or disclosure of your Protected Health Information
- A copy of your Protected Health Information



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5025 E Washington St
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Phoenix, AZ 85034

Signature Page for the Notice of Privacy Practices

By signing below, I acknowledge that I have seen and read a copy of the Notice of Privacy Practices for Arizona Autism United, Inc.

Client Name: _____

If client is under 18, Parent/Guardian Name: _____

Signature: _____

Date: _____

Received by (AZA United staff signature): _____

Date: _____



Arizona Autism United
5025 E Washington St
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Phoenix, AZ 85034

Driving Policy and Client Waiver

Employees have the option to drive with the child but are not required to do so. Should the employee choose to drive with the child, they must have a completed Driving Waiver on file with AZA United and be deemed to be authorized.

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.

To maintain an authorized status, each employee is required to maintain current copies of their driver's license, vehicle registration and vehicle insurance with AZA United. Should the status of any of the above referenced items not be current, the employee will be notified that they are not authorized to drive the child until all current documents are supplied to AZA United. If an employee continues to drive the child while in an unauthorized status, they assume all liability and risk associated with such action.

In addition, AZA United does not grant driving privileges to:

- Any driver who has only an international or foreign driver's license
- Any driver who is not licensed in Arizona within the time required by the state.

In addition, AZA United conducts semi-annual driving record review for every employee who has indicated that they wish to be a driver. If a driving record review determines that the employee is deemed to be an unacceptable driver, you will be notified immediately that they are no longer authorized to drive until such time as their driving record supports a reestablishment of authorized status.

Reasons for revocation of driving privilege are:

One or more Type A violations in the past three (3) years

Type A Violations include

▪ DWI/DUI – Drugs	▪ Reckless driving
▪ Refusing to take a substance test	▪ Fleeing or evading police or roadblock
▪ Driving with an open container	▪ Resisting arrest

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5025 E Washington St
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(alcohol)	
<ul style="list-style-type: none"> ▪ Manslaughter or negligent homicide using a motor vehicle 	<ul style="list-style-type: none"> ▪ Speed contest (racing)
<ul style="list-style-type: none"> ▪ Driving while license is suspended or revoked 	<ul style="list-style-type: none"> ▪ Hit and run (bodily injury or property damage)
<ul style="list-style-type: none"> ▪ Operating a motor vehicle for the commission of a felony 	<ul style="list-style-type: none"> ▪ Failure to report an accident
<ul style="list-style-type: none"> ▪ Aggravated assault with a motor vehicle 	<ul style="list-style-type: none"> ▪ Illegal passing of a school bus
<ul style="list-style-type: none"> ▪ Permitting an unlicensed person to drive 	<ul style="list-style-type: none"> ▪ Other violations considered serious by state law

Any three (3) or more Type B violations in the past three (3) years

Type B Violations include

Having a license suspended in the past related to moving violations. Moving violations include but are not limited to:

<ul style="list-style-type: none"> ▪ Speeding 	<ul style="list-style-type: none"> ▪ Failure to yield
<ul style="list-style-type: none"> ▪ Improper Lane Change 	<ul style="list-style-type: none"> ▪ Careless driving
<ul style="list-style-type: none"> ▪ Failure to obey traffic signal or sign 	<ul style="list-style-type: none"> ▪ At fault accidents

I acknowledge and understand AZA United driving policies as well as assume the responsibility of inspecting the vehicles of the employee(s) that I allow to drive my child. I agree to indemnify, defend, and hold harmless AZA United and its officers, directors and agents from and against any and all demands, claims, and damages to persons or property, losses and liabilities, including reasonable attorney's fees, arising out of or caused by the employee's negligence or willful misconduct regarding AZA United Driving Policies.

 Name of Parent/Guardian

 Signature

 Date



Arizona Autism United

5025 E Washington St

Suite 212

Phoenix, AZ 85034

Firearm & Dangerous Weapons Agreement

Arizona Autism United, Inc. (AZA United) is dedicated to providing its employees with a safe and secure work environment. Accordingly, families receiving in-home services from AZA United must agree to store any firearms and dangerous weapons in their home, in a secure location. Firearms and dangerous weapons include, without limitation, firearms (whether or not loaded), firearm silencers, firearm replicas, ammunition for firearms, brass knuckles, crossbows, swords, chemical sprays, blackjacks, nightsticks, tomahawks, explosives, and stun and zip guns.

Acknowledgment

By signing this Firearm & Dangerous Weapons Agreement, I hereby attest that either:

I do not have any firearms or dangerous weapons in my home; or

I do have firearms and/or dangerous weapons in my home, and all firearms and dangerous weapons are stored in a secure location that my children do not have access to, and all firearms and dangerous weapons in my home will always be securely stored and inaccessible during any in-home services provided by AZA United.

Name of Parent/Guardian

Signature

Date