



**ADVOCACY CONTRACT 2020-2021 SCHOOL YEAR**

**(July 1, 2022-June 30, 2023)**

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

School Child Attends: \_\_\_\_\_

Child's Program: \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID (OSIS): \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Does your child have a BIP? \_\_\_\_\_ Frequency of Progress Monitoring: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_

Second Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

**CREDIT CARD INFORMATION:**

Type of Card: Visa \_\_\_ MC \_\_\_ Amex: \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*\*\*Please sign here to authorize FHF to charge your credit card for the contract fee only:

\_\_\_\_\_

\*\*\*Please sign here to authorize FHF to charge your credit card for all future invoices:

\_\_\_\_\_

This agreement, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ is made between the advocacy department of Families Helping Families (FHF) and \_\_\_\_\_, hereinafter known as FHF Advocate and Parent(s).

This contract does not in any way guarantee the services of the advocate at your child's IEP meeting. This contract simply serves as a waiver of confidentiality regarding your child's IEP and educational needs and an agreement of the terms and fees associated with the services being rendered. This waiver permits the FHF Advocate to review your child's educational records, reports, and evaluations. It also permits the FHF Advocate to represent you and your child during phone or e-mail discussions with the Department of Education (DOE) and to participate in school-based meetings, IEP meetings, Resolution Sessions, and Impartial Hearings. It also allows the FHF Advocate to contact DOE personnel directly to discuss your child's educational and IEP needs. This contract is only considered enforceable upon receipt of a packet review and contract fee. This contract can be severed by the Executive Board of Families Helping Families without cause at any time. No refunds will be given for services rendered.

**\*Please thoroughly read Parent Responsibilities for Advocacy Services and Fee Schedule document, as you will be held to the terms stated in them.**

It is expressly understood that this service is not to be construed as legal advice or legal services. It is understood that FHF is serving in the roll of co-advocate with you on your child's behalf. In signing this contract, parent(s) understand that there are no guarantees of success in obtaining the services desired by the Parent(s). The Parent(s) agree to hold FHF and its advocates harmless with regard to the outcome of advocacy hearings and mediation.

**\*\* Please be advised that clients who choose not to bring the advocate to their child's school-based meeting sever their contract with FHF and are subject to a mandatory 45 minute in office appointment before being accepted back a client. There are exceptions to this rule, but those exceptions are determined by the advocate and Executive Board on a case by case basis. This rule is intended to prevent complications with your child's case and to keep FHF informed and involved with all aspects of the case. Failure to comply with this rule can result in termination of your client status. FHF reserves the right not to take back clients who do not abide by these rules.**

*In signing this contract, you are also agreeing to abide by the terms in the Families Helping Families Parent Responsibilities for Advocacy Services document and you agreeing to the stated fees set forth in the Fee Schedule in use at the time the service is rendered. Both documents were provided to you with this contract and can be resent at your request or found at [www.fhfnyc.org](http://www.fhfnyc.org).*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FHF Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Families Helping Families Resource & Recreation Center, Inc.**

**112(B) Petrus Avenue, Staten Island, NY 10312**

**718-227-2171 [www.fhfnyc.org](http://www.fhfnyc.org)**