



**ADVOCACY CONTRACT 2018-2019 SCHOOL YEAR**

**(July 1, 2018-June 30, 2019)**

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

School Child Attend: \_\_\_\_\_

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

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

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. This waiver permits the FHF Advocate to review with you, 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 or evidence of financial need.

**\*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.

*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 when using FHF advocacy services. Both of these documents were provided to you with this contract and can be found at [www.fhfnyc.org](http://www.fhfnyc.org).*

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

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

Families Helping Families Resource & Recreation Center, Inc. 112(B) Petrus Avenue, taten Island, NY 10312 718-227 -2171 [www.fhfnyc.org](http://www.fhfnyc.org)