



Attic Therapy

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Contract for Family-based Coaching Services by Attic Therapy

(insert names of **adult** family members who will be directly involved)

...hereinafter referred to as "Family"

and

Attic Therapy

represented by Lynn Lundell, occupational therapist, and Dan Lundell, physical therapist,

...hereinafter referred to as "Attic Therapy"

agree to a contract for coaching services as described in Schedule A

with the measurable outcome to be as written in Schedule B

in support of increased participation and access to meaningful activity by:

_____ *insert name of child/youth*

_____ *Date of birth of child/youth*

_____ *(signature of Family representative)*

_____ *(signature of Attic Therapy representative)*

_____ *Date*

_____ *Date*

Schedule A

Coaching services will be provided to Family at pre-scheduled times, either in Family's home, or via video-conferencing options through Zoom platform, Facetime, or another reasonably secure format.

Coaching services will normally consist of a visit by one Attic Therapy professional, for a time period of approximately 2-4 hours, and will be for the purpose of supporting a more inclusive experience by a child/youth (named in contract), within the family context.

Coaching visits will occur at a frequency not more than once a week, and not less than once a month. Travel costs will be billed as per Schedule C.

Coaching visits will be billed as part of a total package of services involving some availability by Attic Therapy to Family via text, phone, video conferencing, or email. This availability will be at the discretion of Attic Therapy and will involve reasonable prioritizations with other personal and professional and business time demands.

Billing for coaching services will be monthly, in the first calendar week of each month, and will reflect the amount of time to be spent with Family in the *upcoming month*, as well as travel and disbursements for the *previous month*, and any unpaid invoices. After 30 days of non-payment, coaching service availability will cease until payment is resumed.

After 4 coaching visits, or 4 months, whichever comes first, a coaching visit will be provided to summarize the results of coaching thus far, in Attic Therapy's opinion, and with discussion provided by Family. A written version of this summary can be provided at Family's request. This summary will detail progress towards the measurable outcome as described in Schedule B.

Preferred frequency of visits and associated billing schedule (please circle ONE):

- | | |
|-------------------------------|--|
| A. Weekly (4 visits/month) | \$2000/month plus \$500 for summary visit
= \$2500 in 4-6 weeks |
| B. Bi-weekly (2 visits/month) | \$1000/month plus \$500 for summary visit
= \$2500 in 10 weeks |
| C. Monthly (1 visit/month) | \$500/month including 5 th visit at \$500
= \$2500 in 20 weeks |

Commencement of contract: _____

Proposed termination of contract: _____

Schedule B

Measurable outcomes to work towards in a coaching relationship between Attic Therapy and Family (please circle ONE):

- 1. I want my child to succeed in a defined, measurable self-care, productivity or leisure task (please specify).
- 2. I want my child to be able to regulate themselves successfully in a (specific) environment for a (specific) length of time.
- 3. I want to feel connected with my child and for my child to feel connected to me so that (specific) new experiences can be met and enjoyed together.
- 4. I want my child to manage a major life transition (specific, time-limited) with a growth in self-esteem and resilience, rather than regressing developmentally.
- 5. I want my child to feel part of a group and to contribute voluntarily and spontaneously in observable (you guessed it - specific) ways.
- 6. I want my child to show acceptance of who they are and to celebrate what they *can* do (as shown by specific behaviours or actions), rather than constantly being made aware of and having to abide by their limitations.
- 7. I want my child to experience delight and to have a way to access joyful, *shared* (and specific) fun.

Specifics not included in above descriptions to be detailed here OR Family-written goal:

(Signature of Family representative)

(Signature of Attic Therapy representative)

Date

Date

Schedule C

Billing and Travel Costs:

Hourly rate per professional (outside of a coaching contract): ***\$125/hour or \$75/half hour.***

Travel costs:

- First 25 kms from Attic Therapy location (see [Google Maps for pin](#)): ***FREE for families.***
- After 25 kms from Attic Therapy location: ***\$0.75/km each way (minus the first 25 kms) OR \$12.50/10 mins (minus 20 mins each way), whichever is cheaper for family.***

In some cases, the family may request both professionals to help with a specific problem that would benefit from both occupational and physical therapy expertise combined.

When this is requested by a family, and both Dan and Lynn are able to work together with a family *at the same time*, the billing rate will be: ***\$200/hour, with travel costs billed as for a single professional.***

Scheduling will be arranged based on mutual availability. Reasonable efforts to reschedule will be made by Attic Therapy if Family provides notice within 2 hours of appointment. If no notice is received by 2 hours prior to appointment then the appointment will be billed as completed.

If Attic Therapy must reschedule, the time frame for family to provide alternate times will be one month beyond the proposed termination date of contract on Schedule A of this contract, with no penalty.

Invoices will be sent by email. Payments can be made by e-transfer to:

attictherapy@sasktel.net.

Payment is due upon receipt of invoice, but no interest will be charged on late accounts. Instead, after 30 days, coaching services will cease until the outstanding invoice is paid.