

Operation Better Start Parent Commitment

Dear Parent(s),

We at Operation Better Start are happy to have the opportunity to help your family work on a healthier lifestyle. We are committed to providing you and your child with the best services possible. Our team will help your child achieve positive changes with a holistic, family-oriented approach. We provide family behavioral counseling and offer the most up-to-date information to assist you in your challenges. We would like to stress the importance of your involvement and our expectations of **you**, the parent(s).

❖ **Number of Appointments**

Our program is not a “diet” program. Lifestyle changes take time and effort. You can expect your child to attend an average of 12-15 visits to the OBS program over the next year. We never put a limit on the number of appointments that you may attend.

❖ **Scheduling Appointments**

No- show and cancelled appointments will hurt your child’s progress.

A longer time between appointments means less contact with the OBS program, and may cause your child’s interest to diminish. While we do our best to accommodate you and your family’s schedule, it is important to note that some time slots are very popular. There may be times when you may need to schedule an appointment during school hours. The OBS staff would be happy to provide a note for school upon request.

Please provide at least 24 hours notification for a cancellation. Please keep in mind that if you cancel, you may not receive an appointment for that slot for several weeks.

❖ **Commitment**

In order to see personal changes, one must be committed to what they are doing. Children need support from their caregivers, and need to see interest and commitment from them. Children often react not to what they are told, but to what they see. You are the model!

❖ **Assignments**

The nutritionist may request that your child keep records of certain information (i.e. food intake, activity level). We expect that you assist your child in these tasks, but not to do the assignment for them. These tasks help your child learn, as well as help guide us to pinpoint the real issues. Please be sure to bring these records for review at follow up visits.

❖ **Transportation**

You and your child will need transportation to and from appointments. If you have difficulty finding transportation please let us know so that we may provide you with a taxi voucher.

❖ **Referrals**

We are able to provide our services to you through a grant from the Department of Public Health and support from Berkshire Health Systems. In order to allow our grant funding to assist as many children as possible, we ask that you check with your insurance company to see if nutrition counseling is covered. Please contact your child's doctor's office if a referral is needed. We will only bill your insurance for the number of visits that are approved. We will see your child beyond these approved visits **at no cost to you**. If nutrition counseling is **not** covered under your insurance we will still see your child **at no cost you**. All payments received from the insurance companies are put back into our program. These funds are then used to ensure all children have unlimited access to our program.

Primary Insurance _____
Policy # _____

Secondary Insurance _____
Policy # _____

Guarantor Information:

Name _____ DOB _____ SS# _____
Address _____ Phone _____ Relation _____

A personal message from our team

All children are wonderful gifts and all children are different individuals with a multitude of different challenges. We applaud you for recognizing this and seeking our help to guarantee the health of your family. We here at Operation Better Start know that frequent visits, continuous monitoring, and reinforcement will be required for success, but will not assure it. We expect your help in providing family support and encouragement in the home. It is key to your child achieving his/her health goals and making lasting changes for years to come. We invite you to take on this challenge with us.

Our dedicated staff is devoted to helping your family with its commitment to our program. Please feel free to discuss with them any questions you may have regarding
Operation Better Start.

(Parent(s)/Guardian)

Date _____