



843-449-0554
PO Box 7136
Myrtle Beach, SC 29572
www.sos-healthcare.com

Georgetown County Social Skills Group Application

The Georgetown County Social Skills Group takes place at SOS Health Care: 1101 Church Street in Georgetown, South Carolina.

Please complete the following application materials and **attach a copy of your child's most current IEP or 504 plan**. Submit application and additional materials to the address above, email to SocialSkills@sos-healthcare.com, or fax to 843-497-4861.

Name _____ Today's Date _____

Date of Birth _____ Age _____ Grade In School (if applicable) _____

School District _____ School _____

Special Education Program or Services Received (if applicable) _____

Parent (s)/Legal Guardian 1 _____

Address _____ City And State _____ Zip Code: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

Parent (s)/Legal Guardian 2 _____

Address _____ City And State _____ Zip Code: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

Medical Diagnosis or Disability Category _____

Medical Alerts or Concerns Including Medications and Food Allergies

In The Event Of An Emergency Please Contact _____

Cell Phone _____ Home Phone _____ Email _____

The following questions are designed to assist the program director in determining what groups would be most beneficial for each participant. Please provide enough detail so that abilities and needs are clearly communicated.

1. Identify specific social skills that you believe are most important to develop while participating in this program.
2. Identify specific social skills to work on while participating in this program.
3. Describe communication and language skills.
4. Describe participant's strengths?
5. Describe special interests, talents or hobbies?
6. Can a group facilitator successfully integrate these interests into the social skills sessions or will they be a source of distraction and preoccupation?

7. Are there any behaviors (or triggers) that the group facilitators need to know about? Will he or she need special accommodations or clear limitations when structuring sessions? If so, provide suggestions for addressing these behaviors.

8. Able to participate independently in a group activity for an hour?

9. Provide any information that will assist the group facilitator in structuring the sessions for the participants greatest success (e.g., visual schedules, behavior management suggestions).

10. Does your child/young adult ever run or wander away or demonstrate behaviors that within their regular daily school or home schedule commonly require 1 on 1 support of an adult?



Georgetown County Social Skills Program Tuition Policy

Participant's Name: _____

I understand that the cost of the Social Skills Program (under private pay) is \$30 per month, regardless of attendance, which is due by the 1st of every month. If I choose to withdraw my child, I must provide two weeks written notice to info@sos-healthcare.com.

All private pay tuition payments must be made online at:

<https://soshealthcare.salsalabs.org/georgetownsocalskills>

Signature: _____
(Person responsible for payment)

Date: _____



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MODEL RELEASE

I hereby give my permission to SOS Health Care, Inc. to use my name and photographic likeness in all forms of media for advertising, trade and any other lawful purposes. I am doing so without compensation of any sort.

Print Name: _____

Signature: _____ Date: _____

If model is under 18; I am the parent/legal guardian of the individual named above. I have read this release and agree to its terms.

Print Name: _____

Signature: _____ Date: _____