

# Educational Resources Unlimited

---

Barbara T. Posner, M.A.  
Lauren Seltzer, LMFT

Thank you for inquiring about the services of Educational Resources Unlimited. We look forward to working with you. Your child's welfare is our most important concern. Please review the enclosed materials:

- Our services and fee schedule
- Consultant and client responsibilities agreement
- A release of information form giving us permission to discuss your child's needs with educational and mental health professionals and to share them with schools and programs under consideration
- Our brochure which tells you a little about who we are

## HOW TO GET STARTED WITH EDUCATIONAL RESOURCES UNLIMITED

**Prior to our initial interview, please send us the following (we prefer it sent electronically) if they are available:**

- ✓ psychoeducational testing
- ✓ relevant mental health reports
- ✓ hospital records
- ✓ school report cards for the last two years
- ✓ IEP/504 plan
- ✓ a photograph of your child

After reviewing the files, we will contact you to schedule an hour and a half consultation. The purpose of the consultation is to understand your needs and to decide on the most appropriate services. ***If, after the consultation, we agree to continue with school placement, all signed forms and applicable fees are due prior to beginning the placement process.***

If you have any questions, please contact our office at (914) 232-4000. Again, thank you for contacting Educational Resources Unlimited. As parents who have had to make difficult decisions regarding our own children's education, we are well aware of the trust you are putting in our firm.

We look forward to working with you.

# Educational Resources Unlimited

---

Barbara T. Posner, M.A.  
Lauren Seltzer, LMFT

## ADULT SERVICES AND FEES

### Initial Consultation

- Prior to the initial consultation, Educational Resources will review any evaluations or reports
- One and one half hour meeting to discuss the client history and relevant current information
- At this time, Educational Resources and the family will discuss the levels of support and structure that may be available and appropriate, as well as referrals for necessary assessments

Fee: \$500 (due at time of consultation)

### Program Placement

- Arrange an initial conference call with professionals who can provide the necessary evaluations and will review the assessment process
- Interview relevant family or treatment providers
- Meet with client to understand his/her concerns and needs
- Review all testing and feedback from interviews
- Suggest appropriate level of structure and support and navigate with appropriate programs for admission
- Process options with client and family
- Monitor progress up to six months after placement

Fee: \$6,000\* (includes initial consultation)

### Dual Placement

- Place in short term treatment facility (e.g. wilderness program, hospital, rehabilitation program)
- Monitor student's progress weekly with therapist and other program staff
- Secondary placement in more traditional program or other specialized setting after completion of short-term treatment
- Monitor student progress up to six months after second program/school placement

Fee: \$8,000\* (includes initial consultation and single program placement)

\*If additional assistance or attendance at meetings is requested, an hourly rate of \$200 will be charged.

**I have read and agreed to the above fees and services schedule. I understand that payment of fees is expected prior to the initiation of service. All fees are due promptly upon the issuance of a statement for services rendered. In the event collections efforts are required I agree to pay for all costs of the collection, including but not limited to reasonable attorneys fees. I understand that interest will accrue on any unpaid balance at the rate of 9%. I am aware that results cannot be guaranteed and that the designated fees are payable whether or not placement or other desired results are accomplished.**

Signature

Name (Print)

Date

*This fee does not include transportation expenses that may be incurred for travel to meet client (air, parking, hotel, car rental, etc) and a daily out of office rate of \$800*

# Educational Resources Unlimited, LLC

---

**Barbara T. Posner, M.A.**

**Lauren Seltzer, LMFT**

## RELEASE OF INFORMATION

I/We hereby give Educational Resources Unlimited permission to discuss and receive all evaluations including materials from mental health professionals as well as any other information that might be helpful in suggesting appropriate residential options. It is understood that this information and observations will be used only in the process of determining current and future residential planning and will remain confidential.

I/We authorize Educational Resources Unlimited to release reports and evaluations to programs for the purpose of determining appropriateness and availability of placement.

---

Signature

Date

Print Name

---

Signature

Date

Print Name

---

---

This authorization shall remain in effect for one year from the above date. A photocopy of this statement of authorization shall be considered as valid as the original.

**23 Parkway, 2<sup>nd</sup> Floor Katonah, NY 10536**  
**Phone (914) 232-4000 Fax (914) 992-8306**  
**[www.eruconsults.com](http://www.eruconsults.com)**