



Portrait Health
Angels

Portrait Health Autism Centers

Serving Children with Autism and their Families

The Need – ABA (and other) Services for Autistic Patients

Imagine you are a parent of a new baby and that your doctor has just told you that your child has autism. Now imagine that your doctor tells you that there are several clinics in the area that can provide you with help through ABA therapy. Your doctor also explains: “Applied Behavior Analysis (ABA) is a scientifically validated approach. ABA techniques and principles bring about meaningful and positive changes in behavior that will help your child with autism to lead a happy, productive, and fulfilling life.” You now have hope.

But then comes the reality. Wait lists for admission to a qualified program are 6 months and that best clinics have even longer wait lists. So, you prepare to wait until there is an opening, and then the worst possible news comes from your insurance company – you are not covered for autism services. And the cost will exceed \$50,000 per year.

Portrait Health Centers – Solving the Problems

Portrait Health Professional Team Works with Each Child

Portrait Health always strives to be the best. A Portrait Health Board Certified Behavior Analyst (BCBA) designs a unique treatment plan for each patient. Once a plan has been developed and approved by insurance, a Registered Behavioral Technician (RBT) is assigned to work with each patient/child implementing the treatment plan. Most clinics providing autism services use RBT’s who have a high school diploma and have passed a 40-hour training course. This is where PHC is different.

Portrait Health RBT’s hold a Masters’ degree. Each is licensed by the state to provide counseling services to patients of all types. While PHC RBT’s have also completed the 40-hour training course, each PHC RBT also has years of experience counseling patients in all types of behavioral health issues. PHC believes that parents prefer more experienced RBT’s working with their children, and patients benefit greatly from service provided by Licensed Professionals with years of experience.

Portrait Health Has Solved the Wait List Problem

Operating 33 Portrait Health Center locations, PHC does not have a wait list. With more than 100 licensed professionals on staff, PHC can almost always find a Portrait Health Center near the patient's home.

When Insurance Does Not Have You Covered, You Need an Angel

The Program

The Treatment Plan is uniquely designed for a patient and implemented over 6 months. During that time, the patient meets with his/her RBT and the BCBA that designed the plan for approximately 2 hours each day. We call this a semester: 26 weeks. 2 hours/day for a total of 260 hours of therapy.

Parents of a child with autism rarely has had any training in caring for their child. During each semester, Portrait Health provides specialized services and training for family members of children with autism. At the end of a semester, a new treatment plan is created.



Portrait Health
Angels

Portrait Health Angels provide scholarships to individuals and families dealing with autism. The goal of each scholarship is to cover the \$25,000 cost for 26 weeks of ABA therapy with the goal that each child in need can be diagnosed and treated and grow up to lead a happy, productive, and fulfilling life.



Portrait Health
FOUNDATION™

Please send donation along with this form to:

Portrait Health Foundation: 175 E Hawthorn Parkway, Suite 235, Vernon Hills, IL 60061

(Donations are tax deductible to the full extent of the law. Donations are non-refundable)

One-Time Donation Amount: \$ _____

And/or

YES! I would like to make a recurring monthly donation with my monthly gift of:

\$ _____ /month Total # of months _____

DONOR INFORMATION:

First name: _____ Last name: _____

Company (Optional): _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Email Address: _____

IF DONATING BY CHECK, PLEASE ENCLOSE YOUR CHECK DONATION WITH THIS FORM.

PLEASE FILL OUT THE FOLLOWING INFORMATION IF DONATING BY CREDIT CARD:

(AMEX, Visa, MasterCard, and Discover accepted)

Cardholder's name: _____ CVV Code: _____

Card Number: _____ Card Expiration: _____

Signature of cardholder: _____

Program

Please mark with an "x" your desired program.

- Angel Program:** Your donation will support the treatment of a child with autism - \$25,000/Semester (26 wks)
- Children's Program:** Your donation will support children who do not have insurance or cannot pay their co-pay
- Patient Support:** Your donation supports children, families & adults with depression, anxiety & more