

# Confidential Resource Checklist

## What Information Could Benefit Your Family?

Dear Parents/Guardians,

A number of resources exist to help LEAD families. If your family could benefit from any of the resources listed below, please check the service(s) you feel would be helpful. All information received and any service provided is kept strictly **confidential**. We look forward to providing support to your family. If you have any questions, please feel free to contact our LEAD Mental Health team:

**Amanda Shanks, Counselor (816) 359-5874**

**Rachel Porter, Counselor (816) 359-6089**

**Cheryl Gunn Seidler, Social Worker (816) 359-6140**

Student Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Best time of day to call \_\_\_\_\_

- Budgeting Assistance Information
- Clothing Assistance Information
- Dental Services
- Division of Social Services Referral (food stamps, TANF)
- Drug/Alcohol Treatment Information
- Food Assistance Information and/or Food Pantry Referral
- Free/Reduced Lunch Information
- Housing and/or Homeless Information
- Hygiene supplies (application for Giving the Basics, which provides free hygiene supplies)
- MO HealthNet/Medicaid Information
- Platte County Health Department
- Medical Referral (doctor, dentist, eye doctor)
- Mental Health Referrals and Counseling Assistance Information
- Relationship Issues/Domestic Violence Information
- School Dance Assistance
- School Supplies If so, What supplies? \_\_\_\_\_
- Utility Assistance/Rent Assistance Information
- Other: \_\_\_\_\_

My Child

- Struggles with being late/attendance
- Struggles with school issues (behavioral, academic, attendance)
- Struggles making or keeping friends
- Struggles with a specific situation: Circle (divorce, loss, anger, anxiety, depression, other)
- Had regular contact with his/her previous school social worker and/or school counselor
- Has a health concern that may affect his/her learning
- Other: \_\_\_\_\_

I do not need any information or to be contacted at this time.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Upon return of this completed form, the school counselor and/or social worker will either, send you information or applications based on the needs indicated, or contact you directly for further information. *By signing this form, you give the School Counselor and/or Social Worker permission to contact you and to provide referrals to community resources.*

Would you rather have the information (Please circle): 1) Sent home with your student, 2) emailed to you, 3) or by phone

**Please return this form to: LEAD Innovation Studio Counselor or Social Worker**