Behavioral Health Services OF ARKANSAS

Dear Parents and Guardians,

The LISA Academy Public Charter Schools District is offering your child the opportunity to participate in a program offered to our students this school year. We are collaborating with Behavioral Health Services of Arkansas (BHSA), a division of Youth Home, Inc., to provide school-based mental health services to our students. The therapist will be part of our team here at LISA Academy and will be providing counseling at the school on a regular basis for many of our students who meet certain criteria for additional support in the areas of behavioral, emotional, social, or academic assistance, as well as crisis interventions as necessary.

We are excited about the opportunity to provide our students with another support system to help them reach their full potential and overcome the various difficulties they may be experiencing. Please sign and return this permission form if you would like your child to begin receiving mental health counseling services within the school. Please contact your child's school for further information.

By signing this form, you are giving permission for BHSA to contact you to answer your questions and/or to schedule an appointment to gather any needed information.

Date: _____ **Current school** _____

Student Name (First, Middle, Last): _____ **DOB:** _____

Address: _____

Social Security Number: _____ **Ethnicity:** _____

Primary Care Doctor/
Clinic: _____

***Insurance information:** _____ **ID#:** _____

***Secondary insurance (if applicable):** _____ **ID#:** _____

Grade: _____ **Teacher:** _____

Parent/Guardian Name: _____

Phone number: _____

Signature _____

**Please attach a copy of your child's insurance card with this completed referral form.*