



Our Values: Compassion, Dedication, Trust, Teamwork, Professionalism

Dear Parents,

I am excited to be offering mental health and behavioral health services to the Lisa North and West Campuses. If you are interested in receiving services for your children please note the following things.

- **Please fill out an intake form which is available in school offices or on the school websites under student services.**
- **A PCP referral will be needed for mental health services. Your child will be denied if they have not had a well-child checkup within the last year.**
- **At this time I am only able to see students who have Medicaid. If you have private insurance and would still like to receive services I can help you set up an appointment at our outpatient clinic.**
- **This process can sometimes take some time. I encourage parents to remind and ask their PCP doctors about the referral form to speed the process along.**

My child may be in need of mental health services if:

- **There have been major life changes (a move, divorce, death, etc)**
- **They are in an adjustment period. (They have moved to a new school)**
- **They are overcome with depression, anxiety or any other mental health diagnosis**
- **They are having suicidal ideations or attempts**
- **They have experienced trauma**
- **They are having behavioral issues at home or school**

Please feel free to contact me with questions or concerns.

Anna Grace Iaboni, PLMSW

Clinical Therapist serving at the Lisa Charter Academy Schools

Behavioral Health Services of Arkansas

Phone: 501-687-3308

By signing this form, you are giving permission for the Youth Home therapist to contact you to answer your questions and/or to schedule an appointment.

Student Name _____
(First, Middle, Last)

DOB: _____

Address _____

Social Security Number _____

Primary Care Doctor/ Clinic _____

Medicaid/AR Kids Number, if applicable _____

Grade _____

Teacher _____

Parent/Guardian Name _____

Phone number _____

Best time to call _____

Signature

Date

Please write below reason for seeking treatment:

Please make me aware of any classes that your child should not be pulled out of for treatment:

Is your child involved in after school activities, clubs, or tutoring?
