



Center for Community Resources

95 West Beau Street | Suite 115 | Washington, PA 15301
PH: 724-914-3058
www.ccrinfo.org

Parent Permission Form Student Assistance Program Screening

Through the Center for Community Resources, we have available a Student Assistance Program (SAP) Liaison who is certified in the areas of Mental Health concerns. This SAP Liaison works with district, Cyber, and Private students who are experiencing adjustment, emotional and/or behavioral difficulties.

We would like to have your child, _____, meet with the SAP Liaison for purpose of screening and recommendation. Your insight and concerns are essential for this type of screening. For this reason, the SAP Liaison will need to contact you and your child, in addition, we need you and your child's (if 14 years of age or older) written permission that:

1. The school may provide pertinent academic and behavioral information to the SAP Liaison.
2. BH Works, a web-based screening tool is utilized for students 12 years old and above. Please see the enclosed brochure for more information. The Elementary screening form will be completed for students 11 years of age and under.
3. The SAP Liaison may share appropriate screening recommendations with parent/guardians and school personnel.
4. In the event your child discloses a threat to harm self or others the SAP Liaison will follow procedure and notify the parent/guardian and appropriate school personnel.
5. Your child may participate in an in-school based group if recommended.
6. Screening results may determine the need for parental participation with the intake process.
7. You acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of potential exposure to the virus during any face-to-face interaction and agree to not hold CCR responsible should your child contract the virus.

Please complete and sign indicating your approval of participation in this free program. Your and your child's signatures serve as acknowledgment of the outlined details. This release is valid for the current school year.

I give permission for my child, _____, to meet with the
(Printed name)

Center for Community Resources SAP Liaison: _____

Parent/Guardian Name: _____

_____/_____/_____
(Print) (Signature) (Date)

Address: _____

Email address: _____ Phone number: _____

Insurance Name: _____ **ID#:** _____

Students Date of Birth: _____ **Students Social Security #:** _____

Student signature if 14 years or older

Date

Connecting People to Services