

# Plaza Middle School Confidential Resource Checklist

Dear Parents/Guardians,

Several resources exist to help Plaza families. If your family could benefit from any of the following 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 school social worker: **Ashley Shroyer (816) 359-5880**

Student's Name \_\_\_\_\_ Guardian's Name \_\_\_\_\_

Guardian's email \_\_\_\_\_ Guardian's Phone \_\_\_\_\_

\_\_\_\_\_ **Free/Reduced Lunch and Breakfast Program** (annual application for program)

\_\_\_\_\_ **Park Hill Clothing Center** (enrollment verification and schedule of available dates and times)

\_\_\_\_\_ **Hygiene Items** (referral to ReFresh- 1 time every 6 months for hygiene items- shampoo, soap, toilet paper, detergent, etc)

\_\_\_\_\_ **Health/Medical Information** (Referral to Platte County Health Department)

\_\_\_\_\_ **School Supplies** (donated basic school supplies available to students in need)

\_\_\_\_\_ **General Community Resources** (utility assistance, food assistance, housing info, etc.)

\_\_\_\_\_ **Food Assistance** (list of food pantries, and access to pantry on-site at Plaza)

\_\_\_\_\_ **Mental Health Referral** (information on appropriate community service providers)

\_\_\_\_\_ **Level Up Kids Vision and Dental Program** (Dental: February 13-27, 2025. Vision: More information to come soon!)

\_\_\_\_\_ **Wireless Internet Hotspot** (must not have adequate internet at home)

\_\_\_\_\_ **Concerns with Housing/homelessness** (conversation in person/phone/video/email to discuss options)

My Child(ren)-

\_\_\_\_\_ struggles with being late/attendance

\_\_\_\_\_ has difficulty with social skills

\_\_\_\_\_ is struggling with a specific situation (divorce, loss, anger, etc.- please describe below)

\_\_\_\_\_ had regular contact with his/her previous school counselor and/or social worker

\_\_\_\_\_ has a health concern that might affect his/her learning

Other information:

\_\_\_\_\_

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

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

Once this form is filled out and returned to the school. The social worker will send information or applications based on the needs indicated or contact you directly. By signing this form, you give the School Social Worker permission to provide referrals to community resources.

Please return this form to the Plaza office or School Social Worker:

**Ashley Shroyer, LCSW**  
**shroyera@parkhill.k12.mo.us**  
**816.359.5880**