



Parent and Family Resource Opportunity

2024-2025



Revised June 2024

Bartlett City Schools offers educational and employment opportunities without regard to race, color, creed, national origin, religion, sex, age, or disability and adheres to the provisions of the Family Education Rights and Privacy Act (FERPA).



The Parent Resource Opportunity is a linkage to help parents/guardians effectively navigate community resources in times of need.

DISCLAIMER:

This is not an exhaustive list of providers. Bartlett City Schools does not advocate for any of the providers listed, nor does Bartlett City Schools present that it prefers one provider over another. Bartlett City Schools does not agree to be responsible for paying for any services provided by any of the providers on this list. A parent and/or guardian's choice to use any providers is completely voluntary.

Please note that this list is being supplied pursuant to the request of parent and/or guardian.

Parent and/or
Guardian_____

Student_____

Date_____

Witness_____



Assessment Resources

The following agencies offer FREE assessments for children:

AGENCY	CONTACT	ADDRESS	NUMBER
ALLIANCE HEALTH CARE SERVICES (TENNCARE PROVIDER)	Intake and Assessment	2220 Union Avenue, Memphis, TN, 38104	1-901-369-1400 CRISIS LINE FOR CHILDREN 1-866-791-9226 AHS ADULT CRISIS LINE (901) 577-9400
LAKESIDE BEHAVIORAL HEALTH	Intake and Assessment	2911 Brunswick Road Memphis, TN	1-901-377-4700 1-901-377-4733
PARKWOOD BEHAVIORAL HEALTH	Intake and Assessment	8135 Goodman Road Olive Branch, MS	1-662-895-4900 1-800-477-3422
PERIMETER BEHAVIORAL HOSPITAL OF WEST MEMPHIS	Intake and Assessment	600 North 7 th Street West Memphis, AR	1-870-394-7100 (TNCare Insurance holders must receive assessment via Youth Village 1-866-791-9226)
MOBILE CRISIS		On site assessments (Home or school)	1-866-791-9226 or 1-855-274-7471
COMPASS INTERVENTION CENTER	Intake and Assessment (7 th -12 th Grade)	7900 Lowrance Road Memphis, TN	1-888-266-7279



Assessment Resources

Military families may use the following resources for a FREE assessment:

Naval Support Activity Mid-South

Fleet and Family Support Center

Provides: Assessment, Counseling, Exceptional Family Member Services

5720 Integrity Drive

Community Services Building S-456

Millington, TN 38055

901-874-5075 or 1-866-225-8582

Navy School Liaison Officer

Provides: K-12 Education Support, School Transition Support, and Partnership in Education Volunteers

7666 Intrepid Street

Millington, TN 38055

Office: 901-874-5343 Cell: 901-628-5335

Mill_nsa_slo@navy.mil

Emergency Situations

If there is an immediate risk for harm to self or others, these agencies can help with assessments and resource linkage:

Memphis Police Crisis Intervention Team
Specialized Mobile Crisis Child and Youth
Tennessee Statewide Crisis Phone Line

901-545-2677 or 911

1-866-791-9226

1-855-274-7471 or

Text "TN" to 741-741

National Suicide Prevention Lifeline

1-800-273-8255

Memphis Crisis Center

1-901-274-7477

Suicide Hotline (24/7 service)

1-800-SUICIDE or

1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

Text: 988



Community Behavioral Health

Alliance Healthcare Services	
2220 Union Avenue	901-369-1400
2579 Douglas Avenue	901-369-1480
3810 Winchester Road	901-369-1400
3628 Summer Avenue	901-452-6941
1200 Peabody Avenue	901-707-6861
2150 Whitney Avenue	901-353-5440
Camelot	901-346-1270
2610 Corporate Avenue, Suite 100	
Memphis, TN 38132	
Crestwyn Behavioral Health	9-844-732-0068
9485 Crestwyn Hills Cove	
Memphis, TN 38125	
Midtown Mental Health Center	901-577-0200, Ext. 3
427 Linden Avenue	
UT Medical Group Inc. – Psychology/Boling Center	866-870-5570
711 Jefferson Avenue, Suite 178	
UT Health Science Center-Center for Youth Advocacy And Well-Being	901-448-4262
920 Madison Ave, Memphis, TN 38163	
Exchange Club Family Center	901-276-2200
2180 Union Avenue	901-276-6828
Health Connect	901-458-8638
2900 Kirby Parkway, Suite 10	
Transformation Center	901-755-1396
1088 Rogers Road, Cordova	
(Eating disorders, trauma, grief)	
Kemmons Wilson Family Center for Good Grief (free)	901-861-5656
1520 West Poplar, Collierville	



Camelot Care Services 901-346-1270
2610 Corporate Avenue, Suite 100

Fairhaven Treatment Center 901-757-7979
671 N Ericson Rd, Cordova (outpatient)
890 North Houston Levee Road, Cordova (residential)

Behavioral Services of the Mid-South 901- 248-0595
150 Timber Creek Dr., Ste #2, Cordova

Vertava Health (Ages 13+) 901-446-3116
6060 Primacy Parkway, Suite 400 1-888-966-6986
Memphis, TN 38119

WellMind Behavioral Health and Wellness 901-883-7083
8304 Walnut Grove Road, Cordova, TN 38018

Substance Abuse Programs

Bradford Behavioral Health Systems 901-300-2930
8566 Cordes Circle, Germantown, TN 38139

Grace House 901-722-8460
329 N Bellevue Blvd., Memphis, TN 38105

Memphis Recovery Center 1-866-304-8254
219 N. Montgomery Street, Memphis, TN 38104

Serenity Recovery Center 901-521-1131
1094 Poplar Avenue, Memphis, TN 38105

Day Treatment/Partial

DayBreak 901-753-4300
2262 South Germantown Road

Parkwood Behavioral Health 1-800-477-3422
8135 Goodman Road, Olive Branch, MS

Recovery Academy (Lakeside Campus) 901-377-4733 or
2911 Brunswick Road 1-800-377-4700



Long Term Care (RTC)

Compass Intervention Center 7900 Lowrance Road	1-888-266-7279
Lakeside Behavioral Health 2911 Brunswick	901-377-4733
Parkwood Behavioral Health 8135 Goodman Road, Olive Branch, MS	800-477-3422
Youth Villages Placement Services	901-251-5000



BARTLETT CITY SCHOOLS
RELEASE OF CONFIDENTIAL INFORMATION
5705 WOODLAWN
BARTLETT, TN 38134

Student's FULL Name:
School: Grade: Birth Date: Gender (M/F):
Address: City/Zip:
Student Resides With: Relation to Student:
Home Phone: Work Phone:
Type of Special Education Program:

Check the appropriate box:

- Information may be obtained from the following individual or agency.
Information is to be released to the following individual or agency.
Name and address of individual or agency:

Blank lines for name and address of individual or agency.

Pursuant to Federal Guidelines concerning the right to confidentiality, I authorize:

- Bartlett City Schools -or- Other (listed above)
to release my child's medical, psychological, and/or educational records to:
Bartlett City Schools -or- Other (listed above)

I specifically consent to the release of information or medical, psychological, and/or educational records pertaining to : (check all that apply)

- student's previous special education placement and/or services including educational, psychological, medical, speech, language, and audiological assessments.
verbal communication between appropriate Bartlett City Schools personnel and above stated individual/agency
other (specify):

I understand that I may revoke this consent to release information at any time; however, I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization shall expire.

- within one year from date of the signature
as otherwise specified here: (start date, event, condition of expiration)

At that time, no express revocation shall be needed to terminate my consent. (If the client is under age eighteen, or has a guardian appointed by the court, this release must be signed by the client's parent or guardian.)

Signature of parent, legal guardian, or client age 18 or older :

Signature(s) of witnesses Date:
Date:



Social Worker Student Referral Form

Demographic Information:

Date: _____

Person making referral: _____

Position: _____

Student's full name: _____

Grade: _____

School: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

Parent/Guardian notified of referral? Yes No

Reason for Referral:

Problem Type (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Disruptive Behavior | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Verbal/Physical Aggression |
| <input type="checkbox"/> Grief/Loss | <input type="checkbox"/> Depression/Sadness | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Bullying Victimization | <input type="checkbox"/> Abuse/Trauma | <input type="checkbox"/> School Avoidance/Absenteeism |
| <input type="checkbox"/> Social Withdrawal/Rejection | <input type="checkbox"/> Stress/Anxiety | <input type="checkbox"/> Other _____ |

Briefly describe the problem (include duration):

Previous strategies for managing the problem (include dates of interventions used): (parent conference, SRT meeting, disciplinary action(s), FBA/BIP, etc.)
