



# Mental Health Capacity Building Project MyPlace



## REQUEST FOR STUDENT SERVICES

Student Name (last/first) \_\_\_\_\_ Birth Date (D/M/Y) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # (day) \_\_\_\_\_ (evening) \_\_\_\_\_

=====

Parent/Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone # (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Alberta Health Care Number \_\_\_\_\_

### Check the services being requested for this student:

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioural/Emotional Support<br>(Mental Health Consultant) | <input type="checkbox"/> Youth Criminal Justice Support<br>(Probation/Community Measures/Court) |
| <input type="checkbox"/> Success Coach Support                                       | <input type="checkbox"/> Family Support/Intervention  |
| <input type="checkbox"/> AADAC   | <input type="checkbox"/> Housing / Provisions for basic needs                                   |
| <input type="checkbox"/> Community Health Information/Referral                       | Other: _____  |

### Reason for referral (describe observations, behavior, incidents or events leading to referral)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Note: This is a common form that could be shared among service providers. Therefore, if there is sensitive information regarding a referred student, please provide it directly to the MySpace facilitator. )*

**Is the parent/legal guardian aware of the referral?**  Yes (see below)  No

If "Yes", have they agreed to the referral?  Yes  No

**Date of referral** \_\_\_\_\_

### Referred by:

Name of School \_\_\_\_\_

Name of Administrator/Counsellor making the referral \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email: \_\_\_\_\_

**Please return the completed form to the MySpace Facilitator (Darolyn Haney) at AJHS or CHHS school.**

The information requested on this form is being collected pursuant to the School Act and the Freedom of Information and Protection of Privacy (FOIPP) Act. Information acquired through this form is kept secure and access is restricted.

**May 2008**