

Truancy Prevention/Intervention Program Referral

SCOTT COUNTY MENTAL HEALTH CENTER

STUDENT NAME: _____ Date: _____

Date of Birth: _____ Age: _____ School & Grade: _____

Name(s) of Parent/Guardian _____

Address: _____
Street City St. Zip

Guardian email _____

Phone Number(s) _____ Okay to leave message/use email? Yes ___ No ___

Referral Source (please check) School _____ Parent _____ Corrections _____

Other (specify) _____

School Attendance History:

Other Mental Health Concerns:

I, _____, give my consent for the student, _____,
Parent/Legal Guardian Name *Student Name*

to attend the Scott County Mental Health Truancy Prevention/Intervention Program. I understand that relevant Mental Health information and report(s) will be shared with appropriate interested parties with a signed release, as well as the Mental Health Specialist's treatment team and supervisors at the Scott County Mental Health Center. Furthermore I understand that successful treatment progress requires parents' active participation, including assessment and treatment goal planning processes.

Client Rights, Informed Consent, and Required Reporting

Information gathered from you or your student during an interview or therapy session is generally classified as “private” and is not shared unless you 1) have given written permission to disclose information 2) the Minnesota Department of Human Services needs to review files to monitor clinic policies or Medical Assistance records 3) we receive a valid court order or 4) your student indicates that they are planning to harm themselves or someone else. We are also required to file reports to the appropriate state agency when we learn of children or “vulnerable adults” (those over 18 who live in, or receive services from a state agency or are otherwise unable to report without assistance) who are currently, or have within a specified period of time, been abused or neglected.

“Abuse” is defined as any act that violates the prostitution or criminal sexual conduct laws; or the intentional and nontherapeutic inflicting of pain or injury; or a persistent course of conduct intended to produce mental or emotional distress. “Neglect” happens when someone who is supposed to take care of a minor or a vulnerable adult fails to supply or ensure that a person has necessary food, clothing, shelter, health care, or supervision.

Minors (children under age 18), have a legal right to request that information be kept from their parents. This request needs to be in writing and it should explain the reasons for withholding information from parents and show that the minor understands the consequences of doing so. In a few cases, the law permits us to withhold information from parents without a request from the minor, if the information concerns the treatment of drug abuse, or venereal disease, or if the minor is married.

In addition, you may access copies of your child’s records from your therapist and you have to right to challenge the information and insert your own objection or explanation. Clients also may voice questions, complaints, or grievances and are encouraged to discuss these with their therapist or the Director of the Mental Health Center. If you have any questions regarding these areas, please consult with Mental Health Center Staff.

Billing Authorization

There is a nominal fee per family for the program to be paid prior to each week. All fees must be paid in order to complete the group. Any remaining amount due will be billed to the parent or legal guardian.

By signing below, I acknowledge that I am familiar with the policies stated above and have given my consent for billing to take place in accordance with these policies.

Parent/Legal Guardian Signature

Date

Student Signature

Date

Mental Health Concerns Checklist

(Please circle statements which are true for the student)

Sadness or Crying Spells

Nervous or Fearful

Irritable or short-tempered

Low Self-esteem or Worthlessness

Withdrawn

Poor Concentration

Sleep Problems

Appetite/Eating Problems

Loss of Interest in Activities

Decline in School Performance

Failing to Attend School

Problems with Peers

Running Away

Aggressive Behavior

Stealing

Alcohol Use

Cigarette Smoking

Other Drug Use (specify) _____

Other Concerns/Explanation of Above Concerns: _____
