



# WOOD COUNTY SCHOOLS

## Request for School Based Mental Health Services

This request form must be **completed by the parent/guardian** and returned to the school counselor.  
The school counselor will fax or email the form to the agency selected below.

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT/LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PARENT CONTACT NUMBER: \_\_\_\_\_

\_\_\_\_\_ STUDENT ID# \_\_\_\_\_

<b>KVC Health</b>	<b>Coplin Health</b>	<b>Ritchie Regional</b>	<b>Westbrook Health</b>	<b>Harmony Health</b>
P: 304-373-1108	P: 304-917-3733	P: 304-869-3650	P: 304-485-1721	P: 304-917-4741
Fax: 304-373-1109	Fax: 304-917-3750	Fax: 304-869-3091	Fax: 304-865-4693	Fax: 304-409-4232
Neale, Fairplains, EMS, Kanawha, Madison, PHS Any School In Person	PHS, Neale, Vienna, JMS, BES, BMS, Mineral Wells, Lubeck, Greenmont Vandevender In Person & Telehealth	South, Jefferson, Emerson, Kanawha Fairplains, Franklin Gihon, Martin, EMS HMS, Criss, WHS, WES Telehealth In person @Jefferson & South	Hamilton, Jackson BMS, Summit Any School In Person & Telehealth	WHS, WES Telehealth

I, \_\_\_\_\_ (parent/guardian, or student if over the age of  
18) am requesting that School-Based Mental Health Services be provided by \_\_\_\_\_  
(agency) for my child (listed above).

By signing, I verify that I understand the following:

- My child's school counselor will forward my request to the agency designated above and the agency will contact me for an initial intake appointment which I am required to attend. Relevant health and insurance information will be collected at that time.
- The cost of services provided is my responsibility regardless of what my insurance will pay. Wood County Schools is not under any financial obligation for services.
- Information will only be shared once I sign a Release of Information with the agency.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date