



**LEE'S SUMMIT**  
**R-7 SCHOOLS**  
*Learning for Life*

# Reorganized School District No. 7

Stansberry Leadership Center  
 301 N.E. Tudor Road  
 Lee's Summit, Missouri 64086-5702  
 (816) 986-1039 Fax (816) 986-1585

*Student Services Department*

Date: \_\_\_\_\_

## School Social Work Services

Which School Social Work Services Would Benefit My Family? *(please check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Assistance with Enrollment in School or other School Services available for my Child | <input type="checkbox"/> Information/Support for Relationship Issues or Domestic Violence            |
| <input type="checkbox"/> Application for Free/Reduced Lunch   | <input type="checkbox"/> Information/Support for Drug and Alcohol Issues in my Family                |
| <input type="checkbox"/> Support with School Issues for my Child (Academics, Behavior, Attendance)            | <input type="checkbox"/> Employment Assistance, Information/Support for Loss of Job in my Family     |
| <input type="checkbox"/> School Advocacy (To Help Guide my Family through School Issues and Concerns)         | <input type="checkbox"/> Homeless Services Information   |
| <input type="checkbox"/> School Supplies Assistance   | <input type="checkbox"/> Housing Assistance  |
| <input type="checkbox"/> Budgeting Assistance   | <input type="checkbox"/> Medical Referrals (Doctor, Dentist, Eye Doctor)                             |
| <input type="checkbox"/> Division of Social Services Assistance (Food Stamps, Child Care, Child Support)      | <input type="checkbox"/> Mental Health or Counseling Referrals/Assistance                            |
| <input type="checkbox"/> MO HealthNet/Medicaid information  | <input type="checkbox"/> Parenting Support or Information  |
| <input type="checkbox"/> Utility Assistance/Rent Assistance   | <input type="checkbox"/> We do not need any School Social Work Services at this time                 |
| <input type="checkbox"/> Food Assistance  | <input type="checkbox"/> We would like to learn how our family can help other families in our school |
| <input type="checkbox"/> Household and/or Hygiene Assistance  | <input type="checkbox"/> Other : _____   |
| <input type="checkbox"/> Clothing Assistance  |  |
| <input type="checkbox"/> Transportation Information   |  |

Parent/Guardian Name:  
 \_\_\_\_\_

School:  
 \_\_\_\_\_

Student(s) Name(s):  
 \_\_\_\_\_

Phone Number(s):  
 \_\_\_\_\_

Best Time to Call:  
 \_\_\_\_\_

Email:  
 \_\_\_\_\_

What is your relationship to the student?  
 \_\_\_\_\_

Has family been contacted or is family aware this form is being filled out?

- Yes  
 No

Is the school aware of this concern?

- Yes  
 No

Other information you would like to share:  
 \_\_\_\_\_  
 \_\_\_\_\_