



Resource Checklist

Dear Parents/Guardians,

A number of resources exist to help **Southeast Families**. If your family could benefit from any of the resources listed below, please check the service(s) you feel would be helpful. All information received and any provided service is kept strictly **confidential**. We look forward to providing support/resources to your family. We do ask that Parents/Guardians attend Parent/Teacher Conferences and the student maintain good attendance.

Cheryl Gunn Seidler 359-6140 or Mandy Frayer 359-6851

Student's Name _____ Student's Teacher _____ Date _____

Parent's Name _____ Parent Signature _____ Phone _____

___ **Free/Reduced Lunch Program** – application for Free/Reduced lunch.
_____ Necesita usted esta forma en Espanol?

___ **Park Hill Clothing Closet information** – Schedule of dates and times.

___ **Missouri Health Net**

___ **Missouri Health Net** Necesita Usted esta forma en Espanol

___ **Platte County Health Department**

___ **General Community Services** utilities, food, housing

___ **Operation School Bell** – visit the Assistance League of KC that provides clothing

___ **Dental Van** – Miles of Smiles Dental Portable Program will provide dental care in May

___ **Harvesters BackSnack Program**

___ **Early Childhood Programs** – information on Parents as Teachers and Head Start

___ **School Attendance** – we can offer support at school to improve attendance.

___ **Referrals to Community Resources for Mental Health Counseling and/or Parenting Education**

We will send you the forms for the support/resources you have checked. By signing this form, you give the School Social Worker/Counselor your consent/permission to provide referrals to community resources. If you have any questions or would like to meet please give us a call to set up an appointment.

Sincerely,

Cheryl Gunn Seidler School Social Worker 359-6140

Mandy Frayer, Counselor 359-6851