

Student Assistance Program Referral & Consent Form



Section 1: Student Information:

Name:		DOB:	
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Section 2: Parent/Legal Guardian Information:

First Name:		Last Name:	
Telephone:		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	<input type="checkbox"/> Messages are permitted <input type="checkbox"/> Do not leave messages
Date of Birth:		Email:	
Street Address:		City, State, Zip Code:	

Section 4: Reason for Referral:

Section 5: Terms regarding consent to contact and program services:

The completion and submission of this form allows the Student Assistance Program & Training Services (SAP/TS) to contact the parent/legal guardian listed in Section 2 of this form in order to complete a telephonic assessment regarding the referral made by the Student Advisor/Texans Can Academy.

Section 6: Terms regarding Student Assistance Program scope of services:

I understand that the contact for myself with SAP/TS is for limited counseling services, which can include a telephonic assessment and/or referral for brief treatment for specified problems. I understand that Texans Can Academies prepays the Program and that no cost will be incurred by me for these services.

It may be recommended by the SAP/TS Program that I obtain further counseling or assistance through my major medical provider or a social service agency that provide services as recommended from the SAP/TS. I understand that neither Texans Can Academies, nor SAP/TS is responsible for the costs of these extended services.

I understand that if my child/dependent has their eighteenth birthday during the course of this referral, this consent will no longer be valid and all communication between the SAP/TS and the parent/legal guardian will cease to exist on and thereafter the student's eighteenth birthday.

Section 7: Terms regarding the release of information:

I understand that the Student Assistance Program & Training Services will not release any information in regards to my child/dependent's referral to the Student Advisor listed above or any member employed at Texans Can Academy. I understand that any information released to the Student Advisor in relation to this referral will be solely up to I as the parent/legal guardian.

Section 8: Consent/Agreement to terms of referral (please note that a parent/guardian signature is required):

I may withdraw this consent at any time by notifying SAP/TS in writing and also understand that this consent will expire automatically one year from the date of the parent/guardian signature below. I hereby acknowledge that I have read each of the above statements and have received a satisfactory explanation of each item. As the parent/legal guardian, I do agree and accept these terms.

Parent/Guardian Signature:		Student Advisor Signature:	
Date:		Date:	

Submit completed forms to ManagerConsult@workplaceoptions.com or via fax: (866) 240-3933. As all referrals contain Personal Identifying Information (PII), email communication between SAP/TS Program and parent/legal guardian will occur through secure email system called Barracuda.