



New Referral Checklist to be Completed by School

Please complete the following items prior to sending the referral paperwork to Lighthouse Counseling Center:

☐ **SBMH Referral Form**

☐ **Release of Information**

(please ensure that the box for "Appointment Information/Telehealth Link" is checked to ensure therapist and school can communicate about appointments)

☐ **Make copies of the front and back of insurance card**

(If parent is not comfortable sharing insurance information with the school representative, please inform them that they will need to upload a copy of their insurance card to the client portal when they receive the link, otherwise insurance will not be billed for services)

Send completed paperwork to:
SBMH@lighthousegreenbay.com

☐ **Provide parent/guardian with Welcome Letter**



School Based Mental Health Referral Form

Student Information:

Name: _____ Grade: _____

DOB: _____ Primary Language: _____

Address: _____

Parent/Guardian Information:

Parent's Name: _____

Parent's Name: _____

Primary Language: _____

Primary Language: _____

Phone: () _____

Phone: () _____

Email: _____

Email: _____

Other Emergency Contacts (if applicable): _____

Please provide details of legal custody arrangement and primary placement (if applicable): _____

Insurance Information:

Insurance Company: _____

Name of Policy Holder: _____ Policy Holder DOB: _____

Address (if different) _____

☐ front/back card copies attached ID# _____ Group# _____

Referral Details:

Areas of Concern (Please check all that apply)

☐ Academic	☐ Behavioral	☐ Social	☐ Emotional	☐ Physical	☐ Legal	☐ Family
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Barriers to Care in the Community (Please check all that apply):

- | | |
|---|--|
| ☐ Limited financial resources | ☐ Lack of reliable transportation |
| ☐ Parent/guardian work schedules | ☐ Lack of community providers/resources |
| ☐ Waitlisted for community providers | ☐ Lack of parent/guardian engagement |
| ☐ Language barriers or other cultural barriers | ☐ Lack of insurance |
| ☐ Mental health stigma in family/community | ☐ Limited access to internet/technology |

Brief Summary of Presenting Concern/Reason for Referral:



Release of Information Consent Form

Client Information:

Name: _____ D.O.B.: _____

Address: _____

I authorize: Lighthouse Counseling Center
926 Willard Drive, Ste 136
Green Bay, WI 54304

To: ☐ Send ☐ Receive ☐ Exchange

The following information:

- | | |
|---|--|
| ☐ Verbal and written communication | ☐ Progress notes |
| ☐ Medical history and evaluations | ☐ Discharge summary |
| ☐ Mental health evaluations | ☐ Appointment information/telehealth link |
| ☐ Developmental and social history | ☐ Other (please specify): _____ |
| ☐ Educational records | ☐ All |
| ☐ Treatment plans | |

With the following entity:

Company/Individual: Tigerton School District

Attn: _____

Address: 213 Spaulding St
Tigerton, WI 54486

Phone/Fax: (P): 715-535-4040 / (F): 715-535-4010

The above information will be used for the following purposes:

- | | |
|---|--|
| ☐ Planning/coordinating care | ☐ Medical |
| ☐ Continuation of care | ☐ Legal |
| ☐ Case consultation | ☐ Education |
| ☐ Case management | ☐ Other (please specify): _____ |

I understand that:

- The information disclosed may be protected by federal regulations (Title 42 CFR Parts 160 and 164) and state laws, including those pertaining to the confidentiality of alcohol and drug abuse patient records (Title 45 CFR Part 2),
- This authorization is voluntary, and I may revoke it in writing at any time except for information already released as a result of this authorization.
- Unless revoked, this authorization will remain in effect until one year from the date signed.

As evidenced by my signature, I hereby authorize disclosure of records to the person(s) or agency(s) specified above:

Signature

Date

My relationship to the client:

☐ Self ☐ Parent/Legal Guardian ☐ Personal Representative ☐ Other: _____

Welcome to School Based Mental Health Counseling

Dear Parents and Guardians,

Welcome to the School-Based Mental Health Counseling Program through Lighthouse Counseling Center! We appreciate your interest in our program and look forward to working with you and your student. Our mission is to provide students with the mental health support and resources they need to thrive. This letter aims to provide you with information on what to expect now that the referral has been made.

About Our Program

Lighthouse Counseling Center is a certified counseling clinic based out of Green Bay. Our school-based counseling program is telehealth-based and designed to help eliminate some of the traditional barriers families encounter when seeking professional counseling support.

While counseling sessions take place within the school environment for convenience, we want to assure you that we are a private entity separate from the school and are not affiliated with any state or county agency. Our focus is solely on supporting your child's well-being by providing high quality counseling services. We communicate only with individuals for whom you have signed a release of information, and only on a need-to-know basis, to ensure your child's privacy and confidentiality is maintained.

The therapists on our team possess a diverse range of specialized training and expertise in the field of mental health. To learn more about our therapists and their areas of counseling expertise, please visit our website at: www.lighthousegreenbay.com.

What to Expect

Once the referral is processed, you will receive an email inviting you to access the client portal in our electronic program, Simple Practice. Through this portal, you will need to complete all required consent forms before appointments can be scheduled. Please note that failure to complete these forms promptly will result in delays in beginning services.

The first session will be with you, the parent or guardian. This initial meeting allows the therapist to gain a better understanding of your concerns and obtain a detailed history of your child. This helps ensure that therapy services are tailored to the specific concerns that you have for your student.

Using the Client Portal

You will receive an email with a link to access the client portal. In the client portal, you will be able to:

- Complete and submit consent and other therapy related forms.
- Receive links for telehealth appointments.
- Use the messaging feature to communicate directly with your child's therapist.

Parental Involvement

We value and recognize the importance of parental involvement in the therapy process. Students are most successful in counseling when parents and caregivers are actively engaged in their treatment. We understand

that this involvement can look different for each family, whether through regular emails, phone calls, or family sessions. Your active participation helps us provide the best possible support for your child's mental health and well-being.

Contact Information

If you have any questions or need further information about the program, please do not hesitate to contact us at 920-460-9301 or SBMH@lighthousegreenbay.com. You can also visit our website at www.lighthousegreenbay.com for additional resources and updates.

We are committed to working together with you to support your child's mental health and well-being. Thank you for entrusting us with this important aspect of your child's education and development.

Warm regards,

Cassy Schraft, MEd, LPC, EMDR

Clinical Director & Licensed Professional Counselor

EMDRIA Certified Therapist and Consultant-in-Training