Madison Local School District has partnered with Crossroads Health to bring an additional type of support to the Madison community. Not only are mental/behavioral health services being provided by referral in all four of our K-12 buildings, but now we are offering linkage support to the student families in our District. These supportive services are intended to offer resources, linkage, recommendations to families in need; for ongoing support, it is likely the staff will recommend and work together to connect the caregivers with ongoing professionals or services.

EXAMPLES of needs that might benefit from connection with this linkage support are:

- **Identifying primary care providers for a youth's ongoing medical needs**
- **Connection with resources for food insecurity difficulties (example: food banks)**
- **Resources to apply for benefits through ODJFS**
- **Connection with clothing resources**
- **Connection with assessment for ongoing youth or adult mental/behavioral health services**
- **Accessing resources through technology**
- **Connections with housing support, homelessness supports**

If a Madison District employee becomes aware that you or your youth are in need of linkage for these or other areas, they may ask the Crossroads Health staff to contact you to discuss your needs and assist in accessing the appropriate resources.

Accessing these supports does not replace mental/behavioral health services and may be provided by a staff other than one who typically works in the building your youth attends. If mental/behavioral health services are recommended, this staff will work with the Madison District employee and you to discuss the most appropriate ongoing services.

If you have any questions about this new support, please contact your building administrator or Jen Catanese-Grimes, Pupil Service Director @ 440-428-9320

April 2021

Dear Parent/Guardian:

Madison Local School District and Crossroads Health have collaborated to establish a program within our district to assist students and families in a variety of areas. The purpose of this program is to provide support, outreach, assistance and resources to students and their families within the school to improve their overall social, emotional, behavioral and academic functioning. Qualified Crossroads Health Providers will provide services.

Our Crossroads Health providers may be embedded in the classroom providing support and intervention on a large-scale across all students in the room.

If you do **NOT** want your child to be considered for individual support or services outside of whole classroom intervention, please complete the bottom portion of this form to OPT OUT and return this form to your child's principal. If you do not return this form, then your child will be able to participate in Crossroads Health services, if needed. *PLEASE NOTE that if at any time a Crossroads Health provider is involved or speaks with your child on an individual basis for any reason, you will be contacted on that day and a permission form will need to be signed if further interactions are necessary.*

We are very excited to be able to offer additional support to our students in the Madison Local School District. Should you have any questions or concerns, you may contact your child's principal and they will be able to answer any questions or direct you to the Crossroads Health staff to assist you.

If you DO NOT want your child to be able to participate in Crossroads Health services on an individual basis during the current school year, please complete the information below and return.

Student's Printed Name: _____

Date of Birth: _____ Grade: _____

School: _____

By signing below I am indicating that I DO NOT want my child to participate in any of the Crossroads Health individual programming and DO NOT give my consent for the Crossroads Health staff to intervene with my child outside of classroom-wide intervention at any time.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Abril de 2021

Estimado Progenitor/Tutor:

El Distrito Escolar Local de Madison y Crossroads Health han colaborado para establecer un programa en nuestro distrito orientado a ayudar a estudiantes y familias en diversos campos. El propósito de este programa es proporcionar apoyo, divulgación, asistencia y recursos para estudiantes y sus familias en el ámbito escolar para mejorar su rendimiento general en el área social, emocional, del comportamiento y académica. Profesionales calificados de Crossroads Health proporcionarán estos servicios.

Nuestros profesionales de Crossroads Health podrían estar integrados en las aulas para proporcionar apoyo e intervención a gran escala a todos los estudiantes de la clase.

Si usted NO quiere que su hijo sea considerado para recibir apoyo o servicios individuales, aparte de la intervención general de la clase, complete la parte inferior de este formulario para RENUNCIAR a este servicio y entréguelo al Director de la escuela de su hijo. Si usted no devuelve este formulario, su hijo podría participar en los servicios de Crossroads Health si lo necesitase. TENGA EN CUENTA que en el caso de que un profesional de Crossroads Health interactuase o hablase con su hijo a modo individual por cualquier razón, usted recibiría notificación en ese mismo día y debería firmar un documento de autorización si se requiriesen interacciones futuras.

Nos complace mucho el poder ofrecer apoyo adicional a nuestros estudiantes en el Distrito Escolar Local de Madison. Si usted tuviera alguna pregunta o comentario, no dude en ponerse en contacto con el Director de la escuela de su hijo, quien responderá a cualquier pregunta o le indicará qué miembro de Crossroads Health va a ayudarle.

Si usted NO quiere que su hijo tenga la oportunidad de participar en los servicios de Crossroads Healh a modo individual durante el curso escolar actual, complete la información a continuación y devuelva este documento.

Nombre impreso del estudiante: _____

Fecha de nacimiento (MM/DD/AAAA): _____ Curso: _____

Escuela: _____

Mi firma a continuación significa que yo NO quiero que mi hijo participe en ningún programa individual de Crossroads Health y que NO autorizo a que el personal de Crossroads Health interactúe con mi hijo, aparte de la intervención general de la clase, en ningún momento.

Firma del Progenitor/Tutor: _____ Fecha: _____

Nombre impreso del Progenitor/Tutor: _____