Dear Parents,

Being a teenager can be tough, in the best of circumstances. As a parent you are aware of the physical and emotional changes that occur within young people. These changes can play a key role with their success in school, relationships with family members and friends, and leading productive and happy lives. The [ ] is committed to working with you to ensure that they reach their full potential in and outside of the classroom. To that end, we are working with Native Americans for Community Action to offer students 11 to 18 years of age the opportunity to participate in the Reach UR Life Behavioral Health Screening Program. This program screens students for a variety of factors including issues with substance use, anxiety, depression, and suicide. The program is free and completely voluntary. The information collected during this screening process will be kept confidential to the full extent permitted by law. No individually identifying information will ever be used in any program reports.

Should a concern be identified during the screening process, the Reach UR Life team will be able to assist you with securing the help needed for your teen. This early support can assist in reducing the chance of a more significant problem later on in life.

Reach UR Life provides this screening at no cost, but does not directly provide treatment services. However, should your student need additional support, Reach UR Life staff will contact you to discuss follow up recommendations and treatment resources available in your area. It is up to you to decide if you want to obtain any additional services for your son or daughter.

I hope you will take advantage of this confidential check-up. Please sign and return the Parent Consent Form on the next page to indicate whether you want your teen to participate.

Please do not hesitate to call Audrey Bradley at 928-526-2968 if you have any questions regarding this program. You may also find information about the Reach UR Life Screening Program at [www.reachurlife.com](http://www.reachurlife.com).

Sincerely,
Reach UR Life Behavioral Health Screening Parent Consent Form

Return this form as soon as possible to let us know whether you want your teen to participate in the screening. You may mail this form to the address noted below or have your child deliver it to:

[ ]

I have read and understand the description of the Reach UR Life Behavioral Health Screening Program offered at [________] during the [_______] school year.

Please check one of the boxes below:

___ I would like my child to participate in the Reach UR Life Behavioral Health Screening Program

___ I do not want my child to participate in the Reach UR Life Behavioral Health Screening Program

Parent/Legal Guardian’s Name (Print): ____________________________________________

Student’s Name (Print): ___________________________  Grade: ______

Parent/Legal Guardian’s Signature: _____________________________________________

Date: ______________________

If participating, please provide the following information so we can contact you if necessary:

Address: ____________________________  Home Phone #: _________________________

__________________________  Cell Phone #: _________________________

E-mail Address: ______________________________________________________________

Best times to reach you:

1) ____________________________  (Home)

2) ____________________________  (Cell)