In 2020, the Arizona legislature passed 'Jake's Law,' which created a fund that provides uninsured and underinsured children access to behavioral health services when they are referred through an educational institution. In conformance with Jake's Law, this policy ensures that parents/guardians are provided an opportunity to opt-in for their child/ren to receive school-based referrals to a behavioral health services and providers on an annual basis.

Chandler Unified School District (CUSD) strives to support children and families by utilizing all resources made available to the school. CUSD has partnerships with the following community agencies for support options to assist families with challenges that arise and may interfere with the academic and life success of their child/ren: Jewish Family & Children's Services, Resilient Health, and Southwest Behavioral & Health Services. These services can include, but are not limited to, psychological evaluations, individual/group counseling, family counseling, behavior management, and psychiatric services. A recommendation for services, if any, will be provided based on identified needs, location of services, availability, and affordability.

By signing this authorization, I agree that CUSD may make school-based referrals for my child/ren for behavioral health services to its contracted behavioral health service providers. I understand and agree that when CUSD makes such referrals, the referral information that will be provided to the contracted provider will include my child's name, contact information, the purpose of referral, and services needed. I further understand and agree that the receiving agency will contact me to review support options, and that the services will be either free-of-charge or will be based upon my ability to pay. My child's participation in any services will remain confidential. The purpose is to coordinate referral and outreach for access to care and any further disclosure would require additional consent obtained as part of the agency's intake process.

I can revoke this authorization at any time by sending a written note to the referring person. I understand that the request to withdraw my consent will be valid as soon as received, but will not apply to information disclosed under this authorization before I notified CUSD of my revocation.

Consent/Non-Consent for Services for my Child

P	rinted Name of Parent/Guardian	Signature of Parent/Guardian	
[] NO, my child cannot be referred for services	to a partner agency	
[] YES, my child can be referred for services to	one of the schools' partner agencies	