

# FAMILY SUPPORT SERVICES, LLC

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205-237-2376

213 Main Avenue NW

Cullman, AL 35055

Family Support Services partners with Cullman County Schools to provide students with school-based mental health therapy. Family Support Services LLC is a private agency that was established in 2001. Since that time, the agency has grown to have four office locations (Cullman, Decatur, Huntsville, and Blountsville). Brandy Holmes, LICSW, PIP, Registered Play Therapist and Supervisor is the owner of Family Support Services LLC. While most all insurances are accepted, some insurance requirements do not allow students to participate in the school setting.

Services are completely private and will be provided on site at the school (with accepted insurance), but will also be available via telehealth using any electronic device or in our agency office if preferred. We are fortunate to have a practice with several excellent therapists dedicated to helping the members of this community and specialize with children and teens. You can also learn more about our agency by visiting [www.familysupportservicesllc.com](http://www.familysupportservicesllc.com). We are excited to partner with Cullman County Schools to provide in-school counseling services and support the needs of students within the school system.

If you would like for your child to receive services during the school day, please contact the school for the appropriate paperwork or contact Family Support Services directly at 205-237-2367 to schedule an appointment.

If you should have any questions regarding school-based mental health therapy at school, don't hesitate to contact the counselor at the school and discuss the benefits of this resource.



Dear Parent or Guardian:

Students enrolled in Cullman County Schools System have the opportunity to receive school-based mental health services during the school provided by Family Support Services LLC. Family Support Services LLC is a private agency that has been in operation since 2001.

In-school services may include the following:

- Intake Evaluation
- Individual Counseling
- Group Counseling
- Parent and/or Staff Consultations
- Mental Healthcare Coordination
- Crisis Intervention
- Psychoeducational Services
- Psychiatrist Evaluation for Medications

Is your child currently receiving services from a mental health agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name the agency: \_\_\_\_\_

Student Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

\_\_\_\_\_ Other Insurance: \_\_\_\_\_

If you are interested in receiving mental health services for your child at your child's school, please complete and sign the section below and return to the school counselor at your child's school. A member of Family Support Services will contact you. In the event your insurance does not allow school-based therapy, our agency will be happy to assist you with setting up convenient appointments in the clinic.

I \_\_\_\_\_ authorize Cullman County Schools to share information  
(Parent/Guardian Name)

regarding my request for school-based mental health services for my child, \_\_\_\_\_.  
(Student's Name)

I \_\_\_\_\_ authorize Cullman County Schools to share educational  
(Parent/Guardian Name)

records with Family Support Services and Family Support Services to share information regarding my  
child, \_\_\_\_\_ with Cullman County Schools.  
(Student's Name)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This information is CONFIDENTIAL. Permission for sharing this information between Cullman County Schools and Family Support Services is effective for one year. You have the right to withdraw this consent at any time.

**If you DO NOT want services at this time, please complete the section below.**

- I do not want my child to receive school-based mental health services at my child's school.

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School:\_\_\_\_\_ School System:\_\_\_\_\_ MH Record # (If accepted into services):\_\_\_\_\_

MH Provider:\_\_\_\_\_ MH Therapist:\_\_\_\_\_

System Unique ID # \_\_\_\_\_ MH Provider 3-Digit ID # \_\_\_\_\_ Therapist 4-Digit ID # \_\_\_\_\_

Student Being Referred:\_\_\_\_\_ SSID #:\_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

504 Plan \_\_\_\_\_ IEP \_\_\_\_\_ Are SBMH services included in 504 plan or IEP? \_\_\_\_\_

Teacher:\_\_\_\_\_ Grade:\_\_\_\_\_ Regular Ed:\_\_\_\_\_ Special Ed:\_\_\_\_\_

Exceptionality (or N/A):\_\_\_\_\_

Date of Referral: \_\_\_\_\_ Is this a Parent Request or School Referral? \_\_\_\_\_

Name of Person Making Parent Request or School Referral: \_\_\_\_\_

Insurance Info: Medicaid: \_\_\_\_\_ AllKids: \_\_\_\_\_ Other: \_\_\_\_\_ None: \_\_\_\_\_

Parent or Legal Guardian (circle which) Name: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Student lives with Parent/Guardian? (Circle): YES NO If not, explain: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work/Other Phone #: \_\_\_\_\_

Parent/Guardian notified of referral by School Counselor and agrees to screening for MH services? (Circle): YES NO

**CONCERNING BEHAVIORS (CHECK ALL THAT APPLY)**

___ Reports Abuse	___ Victim of Crime/Violence	___ Suicidal Behaviors/Threats
___ Recent Traumatic Event	___ Peer/Social Problems	___ Parent/Child Conflict
___ Unusual Changes in Mood	___ Eating Problems	___ Substance Use Problems
___ Withdrawn/Depression	___ Recent Loss or Separation	___ Excessive Crying/Sadness
___ Angry/Agitated	___ Violent Outbursts	___ Fighting/Destroying Property
___ Resistant to Authority	___ Legal/Court Problems	___ High Risk Behaviors
___ Sexual Misconduct	___ Bullying (Perp./Victim)	___ Reports Sleep Problems
___ Inattentive/Hyperactive	___ Changes in Grades	___ Reports Fears/Phobias
___ Anxiety/Excessive Worry	___ Strange/Bizarre Behaviors	___ Reports Hallucinations

Notes: \_\_\_\_\_

**In an effort to support student success in all areas, School-Based Mental Health Therapy is available at all school locations. In some cases, specific insurance coverage may not allow School-Based Mental Health Therapy outside of the office.**

Referral Accepted: \_\_\_\_\_ Referral Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Date Accepted/Denied: \_\_\_\_\_ Date Services Started: \_\_\_\_\_ Date Services Ended: \_\_\_\_\_