



1013 E. Creswell Lane, Opelousas, LA 70570
Phone: (337) 948-3657 - Fax: (337) 942-0204 |
Milton Batiste III, Superintendent

Date: _____

Dear Behavioral Health Provider,

In accordance with St. Landry Parish School Board Policy allowing behavioral health service providers in schools during the school day, this correspondence contains the following forms to be completed by your agency and/or the parent requesting those services.

Memorandum of Understanding

Provider Application

Parent Application

Parent Consent to Release Form

I have also included a copy of the **ACT 696 Procedures** and an **ACT 696 Checklist** for your information and use.

As a reminder, the **Parent Application** must accompany the **Behavioral Health Provider Application**.

All of the required information must be submitted before any requests to provide services will be approved. Please refer to the Checklist that is included.

You will be notified once your application has been approved.

If you have any questions, please feel free to contact Mrs. Marquet Rideau at 337-948-3646.

Sincerely,

Marquet Rideau
Facilitator