



Dear Parent or Guardian:

Your child is eligible to participate in the LSS Providing Access to Healing (PATH) program, which is sponsored by the Sioux Empire United Way. The PATH program offers counseling services to children and youth in a school setting and is designed to make it easier for children and families to access care. PATH counselors are master's level with experience providing services to children, youth, and families.

Students who may benefit from the counseling may include those who are adjusting to changes at home, dealing with a loss, experiencing symptoms of anxiety or depression, having conflicts with peers or in need of further assessment and / or referrals.

Once a parent provides permission for their child to receive services, LSS intake staff will contact you to set up a time for an intake appointment at a time and location that is convenient for you. This gives you an opportunity to have any questions answered and provide feedback on concerns you may have for your child. A PATH counselor will then meet with your child at school during the school day. The length of time and frequency of counseling is dependent on the specific needs of your child.

PATH counselors bill private insurance, EAP plans or Medicaid for eligible services, as applicable. Clients are responsible for co-pays and out-of-pocket costs. If you do not have insurance or the cost of co-pays or deductibles will make accessing counseling difficult, the counselor will discuss other options, including a sliding fee or hardship waiver. Let your counselor know if this situation applies to you.

If you would like to participate in the PATH program, please sign the authorization below and return it to your school counselor or teacher.

I, the undersigned, would like to enroll my child, _____ (Child First, Last Name) in the PATH program. I understand that my contact information will be disclosed to Lutheran Social Services of South Dakota.

Parent/Guardian Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Primary Phone Number _____

Alternative Phone Number _____

Parent/Guardian Signature _____