

**!! CONFIDENTIAL !! Resource Request Form !! CONFIDENTIAL !!**  
**James Morehouse Project** El Cerrito High School – Room A210 – Phone: 510.524.8252

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*INSTRUCTIONS:** Student should fill out form whenever possible. To join an ongoing group at the health center, to request an appointment with medical staff or counseling/support staff, OR to request urgent/same day support please fill out this form completely, check what types of services or programs you are interested in, and submit form to Rm A210. \*

Name of Student: \_\_\_\_\_ Cell Ph# \_\_\_\_\_ Grade \_\_\_\_\_

Form filled out by (Name): \_\_\_\_\_ Ph#: \_\_\_\_\_

Who are you?: Teacher Parent Friend JMP Staff ECHS Admin Other \_\_\_\_\_

**Please use this space to write about the student's strengths/hopes/what you appreciate about them:**

Does student know you are completing this form on her/his behalf? Yes No **Can student know?** Yes No  
 Does this student have Medi-Cal? Yes No Don't Know

**What type of service are you requesting? Check all boxes below that apply:**

**MEDICAL SERVICES:**

- Sports Physical/Physical
- Reproductive Health Services
- First Aid (Band Aid, Ice, Etc)
- Other Medical Concerns/Referrals: \_\_\_\_\_

**ACADEMIC SUPPORT ACTIVITIES:**

- ACE Center/Tutoring Support
- CyberHigh/Credit Recovery
- Attendance/SART meeting
- SST meeting
- Academic Case Management
- Career/College Counseling

**DRUG and ALCOHOL SERVICES:**

- Drug & Alcohol Prevention Group
- Brief Intervention
- Other: \_\_\_\_\_

**COUNSELING/SUPPORT SERVICES:**

- Counseling/Support Services/Programs
  - General Check-In/Info about services
  - Individual Counseling
  - Peer Conflict Mediation (request for mediation)
  - Grief Group
  - Other Group: \_\_\_\_\_
  - I'm dropping in for support/Rather say in person
- URGENT COUNSELING/SUPPORT NEEDED**  
**\*\*\*IMPORTANT: If immediate crisis (harm to self/others) contact ECHS admin. immediately!\*\*\***
  - Abuse (Physical, sexual, emotional)
  - Risk for Self-Harm, Suicidal thoughts
  - Risk of Harm to someone else
  - Suspected Neglect  Intimate Partner Violence
  - Other urgent need/Rather say in person

**Please look through the following lists of issues/situations & check as many as may apply:**

- Emotional Well-Being:  Alcohol-/Substance-use  Anger concerns  Depression  Grief/Death (current or history)
- Social Well Being:  Concerns about friend/family  Family, issues around  Gender Identity/Sexuality
- Peers/Friends/Peer Pressure  Isolation/Loneliness  Racism/Ableism/Classism/Sexism/Homo or Transphobia, etc.
- Relationships, issues around  Violence/Fighting with peers  Weapons/Gangs concerns  Harassment/Bullying
- Basic needs (clothing/food/shelter/\$/personal hygiene)  Immigration/legal concerns  Other: \_\_\_\_\_

Please write more INFO here. Please try to be specific about what is happening & what types of services are needed:

**STAFF USE ONLY:** (revised 5/30/2013)

**Res. Req. # \_\_\_\_\_**

Date: \_\_\_\_\_ Block: \_\_\_\_\_ Counselor: \_\_\_\_\_ What Happened? \_\_\_\_\_

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**Followed up with Referring Source** (circle one): Phone / In Person / Note **Did Student Consent?** YES NO **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_