



## MILLVILLE SCHOOL BASED YOUTH SERVICES PROGRAM

Millville Senior High School  
200 N. Wade Blvd Millville, New Jersey 08332  
Phone (856) 327-6040, ext. 2907

Stephanie DeRose, Principal  
Millville High School

Laura Lilien, Program Director  
School Based Youth Services Program

Dear Parents & Guardians:

LINK School Based Youth Services Program (SBYSP) is a comprehensive, student centered health and wellness program located in Millville High School.

It is a New Jersey Department of Children and Families (DCF) initiative in collaboration with the Millville Board of Education and Inspira Health Network. The goal of LINK is to promote and help facilitate healthy youth development and is available to all Millville High School students. The following are some of the services that LINK offers Millville High School students:

- ◆ Healthy Youth development
- ◆ Social Services
- ◆ Employment Services
- ◆ Recreation
- ◆ Counseling
- ◆ Educational Workshops
- ◆ Preventative Health
- ◆ Pregnancy Testing
- ◆ Family Life Education
- ◆ Reproductive Health Care
- ◆ Referrals to additional service providers

LINK's student center is located in Millville High School. Students can access the LINK center and services by referral (school personnel, parents/guardians, self, friends) or simply by dropping in. Any student who wishes to participate in programs offered through LINK must first return a parental consent form signed by his or her legal guardian if the student is under 16 years of age. If you have any additional questions contact LINK at [Laura.Lilien@mps.millville.org](mailto:Laura.Lilien@mps.millville.org) or (856) 327 6040, Ext. 2907.

Respectfully,

Laura Lilien, LCSW, MSW  
LINK School Based Youth Services Program Director  
Millville High School  
(856) 327 6040, Ext. 2907.

[Laura.Lilien@mps.millville.org](mailto:Laura.Lilien@mps.millville.org)



@MHSLINK



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Text @linkmhs20 to 81010



Ask for the LINK Code





## CONSENT FORM MILLVILLE SCHOOL BASED YOUTH SERVICES PROGRAM

The objective of LINK is to promote healthy adolescent development and assure that adolescents can obtain support and assistance in an accessible location. The goal of the program is to provide a comprehensive array of services to teenagers at their school. These services include: **healthy youth development, social services, employment, recreation, counseling, educational workshops, preventative health, pregnancy testing, family life education, reproductive health care, and referrals to additional service providers.** LINK will distribute a separate permission slip for all field trips.

### Student Information for LINK Registration

(Student Name)	(Age)	(Grade)	(Date of Birth)
(Student Address)			
(Student Cell Phone)		(Home Phone)	
(Name of Emergency Contact)		(Emergency Contact Phone Number)	

I, \_\_\_\_\_, consent to have my child receive services provided by LINK.  
(Parent / Guardian Name) PLEASE PRINT

\_\_\_\_\_  
(Parent / Guardian Signature) USE INK ONLY (Date)

### Students 16 years of age or older

**I wish to be enrolled and receive services from LINK School Based Youth Services Program at Millville High School.**

\_\_\_\_\_  
(Student Signature) (Date)

\*\*\*\*\* ALL SERVICES ARE FREE OF CHARGE \*\*\*\*\*

All services are voluntary and a student may access as many or as few services as desired. In addition some program participants may be asked to complete a survey that measures the effectiveness of the program.

While I consent to have services provided to my child, I do not want him/her to receive the following services:

\_\_\_\_\_

YES\_\_\_ NO\_\_\_ I consent for my child to be photographed while participating in LINK recreational/educational activities.

Return completed form to: **LINK @ Millville Senior High School**  
200 N. Wade Blvd. Millville, New Jersey 08332  
856 327 6040, ext. 2905

 @MHSLINK  mhslink

 Text @linkmhs20 to 81010

 Code: Ask LINK



## TELEHEALTH CONSENT FORM MILLVILLE SCHOOL BASED YOUTH SERVICES PROGRAM

I, \_\_\_\_\_, hereby consent to participate in telehealth with LINK MHS, as part of my counseling services. I understand that telehealth is the practice of delivering LINK services (healthy youth development, employment, counseling, health consultation, etc.) via technology, assisted media, or other electronic means between the LINK staff and client who are located in two different locations.

### I understand the following with respect to telehealth:

1. I will attempt to locate a quiet private place if possible, if not then others may hear what you the staff are saying to me.
2. I understand the telehealth service may include counseling (providing supportive counseling, guidance or support/psychoeducation for the purpose of coping with the social environment) and is not intended to be therapeutic in nature.
3. I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
4. I understand that there are risks, benefits, and consequences associated with telehealth and electronic communication, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
5. I understand that there will be no photos or recording of any of the online sessions by either party unless disclosed by staff. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
6. I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telehealth unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others)
7. I understand that if I am having suicidal, homicidal thoughts, or experiencing a mental health crisis it may be determined that LINK telehealth services are not appropriate, and a higher level of care is required.
8. I understand that during a telehealth session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at \_\_\_\_\_ to discuss since we may have to re-schedule.

### In Case of Emergency

I understand that the LINK staff member may need to contact my emergency contact/parent/guardian and/or appropriate authorities in case of an emergency. I will provide the address where I am located, at the beginning of each session. I have read the information provided above and discussed it with the LINK staff member. I understand the information contained in this form and all my questions have been answered to my satisfaction.

\_\_\_\_\_  
Parent / Student Signature (16 years of age or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
LINK Staff Signature

\_\_\_\_\_  
Date

### Resources:

Perform Care (telehealth and mobile response) 877 652 7624  
performcarenj.org  
Access Center (resources and referrals) 856 575 4111 OR 211  
Crisis Center 856 455 5555 @ Inspira Hospital 333 Irving Ave.,  
Bridgeton, NJ 08302  
2nd Floor (24 hour text/call youth helpline) 888 222 2228

### Connect with LINK:

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