

For a directory of services—Call 211 or visit <http://211info.org>

For Immediate Assistance



Family Liaison

What is a Family Liaison?

WE ARE HERE FOR YOU

The purpose of a Family Liaison is to provide information on programs and services available to students and families as well as to foster an ongoing partnership between home and school.

Some of the things we do:

Find resources for housing

Parenting classes

Bridge the gap between families and outside services

Problem solve attendance and transportation issues

Tap into local resources and programs to assist families

Andrea Shaver

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*Sutherlin
School
District*

**Family
Outreach
Services in
Douglas County**

Family Liaison

How can we help?

NEEDS ASSESSMENT OUTREACH

The use of this form is to help connect families with needed services in our community.



Andrea Shaver, Family Liaison

Name: _____	Phone: _____
Address: _____	Email: _____
City: _____	State: _____ Zip: _____
Child: _____ Age: _____	Child: _____ Age: _____
Child: _____ Age: _____	Child: _____ Age: _____

I COULD USE ASSISTANCE WITH...

Housing/Food Assistance/Basic Needs

- | | | | |
|--------------------------------------------|---------------------------------------------------|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Housing Placement | <input type="checkbox"/> Rent or Mortgage Payment | <input type="checkbox"/> Medical Ins | <input type="checkbox"/> Dental Ins |
| <input type="checkbox"/> Food Assistant | <input type="checkbox"/> Firewood | <input type="checkbox"/> Prenatal Care | <input type="checkbox"/> Oral Health Care |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Household Furnishings | <input type="checkbox"/> Food Planning | <input type="checkbox"/> Disability Services |
| <input type="checkbox"/> Utility Bills | <input type="checkbox"/> Transportation | <input type="checkbox"/> Substance Abuse Treatment | |

Education

- | | | |
|-----------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Education/Training for Adults | <input type="checkbox"/> Adult Literacy | <input type="checkbox"/> Before/After School Programs |
| <input type="checkbox"/> School Info for School Age Child | <input type="checkbox"/> Child Development | <input type="checkbox"/> Learning the English Language |
| <input type="checkbox"/> Pre-School/Child Care Info | <input type="checkbox"/> Parenting Skills/Support | |

Counseling & Mental Health

- | | | |
|----------------------------------------------------|--------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Counseling | <input type="checkbox"/> Domestic Abuse Services |
| <input type="checkbox"/> Child Abuse Services | <input type="checkbox"/> Tobacco Cessation | |

Employment

- | | | |
|-------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Job Search | <input type="checkbox"/> Faith/Spiritual | <input type="checkbox"/> Computer/Internet Services |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Other (Please Specify) | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

Authorization

By signing I am allowing the provider taking this outreach survey to provide my name and contact information and to disclose information listed above for the purpose of connecting me and my family to support programs. This permission to exchange information is valid for 12 months from the below date.

Signature: _____ Date: _____

Email or drop it off to: Drop off: 323 NE 3rd Ave. Email: andrea.shaver@sutherlin.k12.or.us Fax: (541) 459-0898

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