



STRESS LESS

A GROUP TO HELP YOUTH ACHIEVE A HEALTHY MIND, DEAL WITH CHALLENGES, AND DEVELOP COPING SKILLS

WEDNESDAYS

2:00 - 3:00 PM

JUNE 21 - AUGUST 9, 2023

Registration required, see Max or Becca for registration packet

For more details, reach out to CCP@youthandfamilyproject.org

Mental Health is important



The Youth and Family Project

630 Elm Street
West Bend, WI 53095

Dear Parent/Guardian,

My name is Alex Kloety and I am a counselor at the Youth and Family Project, Inc. The agency has been providing supportive services to youth since 1975. The Community Counseling Program offers free group counseling services for children and youth in Washington County. Services are flexible and provided in a variety of locations including schools, libraries, and community centers.

The Boys and Girls Club of Washington County has partnered with The Youth and Family Project to offer group counseling services at the clubs. Through this group we aim to provide education about managing emotions. I am currently an APSW and receiving supervision from the Executive Director, Emily Greene, as I pursue my LCSW. I have been working with youth from a variety of backgrounds since 2019.

If you consent for your child to participate in this group, please complete the attached consent form and registration packet and return to staff at the Boys and Girls Club, this email, or mail to YFP in West Bend. If you have any questions about the group or the service provided by YFP, please contact me at akloety@YouthAndFamilyProject.org.

Thank you,
Alex Kloety, MSW-TIC, APSW
Counselor

The Youth and Family Project

630 Elm Street
West Bend, WI 53095

Parent/Guardian Consent Form

Your permission is requested for your child, _____ to participate in individual and/or group counseling at **Boys and Girls Clubs of Washington County** with the Youth and Family Project (YFP). YFP offers free, confidential counseling services to youth in need of support and their families. If your permission is granted, your child will be matched with a masters-trained mental health counseling provider.

Counselor: Alex Kloety, APSW

Degree: Master of Social Work

E-mails: akloety@YouthAndFamilyProject.org

Because counseling is based on a trusting relationship between counselor and client, the counselor will keep information shared by the client confidential except in certain situations in which an ethical responsibility limits confidentiality. It is important to the therapy process that he/she does not think the parent and the therapist are conspiring against him/her in any way. There are times when students divulge information that should be shared with parents. The counselor will encourage them to do so or request permission to discuss the matter with a parent or guardian. This will be done when the counselor feels it is in the best interest of your son or daughter. As mandated reporters, there are also several situations in which YFP counselors are required by law to share details of a counseling session with the appropriate authorities. These situations include:

- Situations in which the counselor believes that the student is a threat to himself/herself or others
- When the communications involve information regarding child abuse, child neglect, or abuse of the elderly
- When the communications involve information regarding inappropriate sexual contact with a minor child
- When the client becomes a litigant in a court proceeding
- When the counselor discusses case work with his/her individual and/or group supervisor

By signing this form, I give my informed consent for my child to participate in counseling. I understand that anything that my child shares will be kept confidential except in the above-mentioned cases.

Parent/Guardian Signature

_____ Date _____

This consent will be on file throughout the time that your child participates in services. You may revoke this consent at any time. Please feel free to call if you have questions, comments, or concerns, 262-338-1661 (Emily Greene, Executive Director).

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Client Registration Information

Youth Information

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Preferred Name/Nickname: _____

Email Address: _____

Contact # _____ Whose Number? _____ Okay to leave a message Y N

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Name of School: _____

Family History

	Name	Address	Marital Status	Employer	Phone
Parent 1					
Parent 2					
Stepparent 1					
Stepparent 2					
Legal Guardian(s)					

Sibling Name	Gender	Age	School Attended	Living w/client
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>

Are there any concerns such as food allergies (in case we bring snacks), diagnosed or suspected mental health issues, suicidal thoughts or behaviors, anger management, etc. the counselor should be aware of?
