



Supporter Bee Program Application

Student Info

Student Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Grade Level: _____ School Counselor Name: _____

Name of School: _____

Parent/Guardian Name: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Is the student a citizen of the United States? YES NO

Provider Information

*To be completed by Counseling Network Partner

Objective of additional counseling services:



Provider Information (continued)

*To be completed by Counseling Network Partner

Treatment areas of concern:

Additional comments and/or concerns:

Provider: _____

Phone: _____ Email: _____

Completed By (Print): _____

Completed By (Signature): _____

Parent/Guardian Information

To be completed by Parent/Guardian

Does the student have insurance? YES NO

Does insurance cover counseling services? YES NO

If so, what is the copay and/or deductible? _____

What financial needs must be met to provide counseling and treatment for your child?

Parent/Guardian Information (continued)

To be completed by Parent/Guardian

Annual Household Income Range:

< 15,000	60k to 75k
15k to 40k	75k to 100k
30k to 45k	100k to 125k
45k to 60k	> 125K

Source of Income: (check all that apply)

employment	retired
investments	government assistance
business owner	

Number of Household Earners: (list the number of individuals that apply to each category)

full-time

part-time

unemployed

retired

Additional Income:

does your household receive any additional income not listed here? yes no

if yes, please explain:



Agreement

Our Supporter Bee Program was created to ensure that all students receive the proper encouragement and care during their treatment period. Therefore, each student will be given a "Supporter Bee" during their time with the Beegins Withs You program. The Supporter Bee is a BWY volunteer who will set up short visits, either in person or via Zoom, with the student and counselor, before or after in school therapy sessions, once a month. These meetings are to ascertain progress and program continuity. In order to continue receiving the program's financial support, these meetings must be agreed upon and attended.

Do you and your student agree to the stipulations of the Supporter Bee Program?

YES NO

Parent / Guardian Signature: _____

Date: _____