



Student Name _____

Age _____

Grade _____

Student Name _____

Age _____

Grade _____

FAN SOS Request Form

(Family Access Network)

A program of the HDESD and Deschutes County School Districts

Pacific Crest has a Student and Family Advocate to assist their students and families with a variety of services. A few include:

- Food
- Housing
- Clothing
- Medical
- Dental
- Vision
- School Supplies

If you or your child needs assistance with any of the following, fill out the form, fold and return it to the main office. Your Student and Family Advocate will contact you in the near future.

If you do NOT need assistance, perhaps you could help with a small donation to FAN or help out in another way. (see below)

Parent Name (s) _____

Contact number(s) _____

Are you living with another family? Yes _____ No _____

Yes, I need help with: * Please check Items that apply:

☐	School clothes (new) and (gently used)
☐	Oregon Trails Card (food stamp card)
☐	Oregon Health Plan sign up (medical card)
☐	Mental Health Counseling
☐	Vision Services (eye exam/glasses)
☐	Housing referrals and information
☐	Dental service

☐	Food
☐	Binder
☐	Backpack
☐	Pencils/pens
☐	Notebook paper
☐	Spiral Notebooks
☐	Other:

Please give a brief explanation of what your other need is.

* Please note that requests are filled upon availability of resources.

My student/family do NOT need services at this time, but I would be willing to join the **SOS** (Support Our Students) Club.

I would be willing to:

_____ Help a family with an urgent need with a small donation (i.e. to help keep a family's utility from being turned off, donation to assist with rent, etc.)

_____ Help out in other ways like donating services or my time.

_____ Help with specific needs (snow pants, boots, etc) for a child in need

Your email will be added to a mailing list:

Name _____

Email _____

If you have questions, Your Pacific Crest Middle School FAN Advocate is: Jenn Reuter-541-355-3067 or jennifer.reuter@bend.k12.or.us