

Student Name	Age	Grade
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FAN SOS Request Form

Pacific Crest has a S Food	. •	(Family Access Network) the HDESD and Deschutes County S ssist their students and fam	School Districts illies with a variety of services. A few include:	
HousingClothingMedical	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.			
MedicalDentalVision	If you do NOT need assistance, perhaps you could help with a small donation to FAN or help out in another way. (see below)			
 School Supplies 				
Parent Name (s)			Contact number(s)	
Are you living with ar	nother family? Yes No th: * Please check Items that apply:			
School clothes (new) and (gently used)		Food	Please give a brief explanation of what your other need is.	
Oregon Trails Card (food stamp card)		Binder		
Oregon Health Plan sign up (medical card)		Backpack		
Mental Health Counseling		Pencils/pens		
Vision Services (eye exam/glasses)		Notebook paper		
Housing referrals and information		Spiral Notebooks		
Dental service		Other:		
* Please note that requests are	filled upon availability of resources.			
My student/famil I would be willing to:	y do <u>NOT</u> need services at	t this time, but I would be	willing to join the SOS (Support Our Students) Club.	
Help a family w	with an urgent need with a small done er ways like donating services or my lific needs (snow pants, boots, etc) fo	time.	sutility from being turned off, donation to assist with rent, etc.)	
Your email will be ad	ded 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