

MEMORANDUM:

FROM: _____
[Insert name of installation, school, camp, facility]

SUBJECT: Child and Youth Behavioral Military & Family Life Counselor

1. This letter is to inform you about the Child and Youth Behavioral Military and Family Life Counseling (CYB-MFLC) program services. Due to the unique challenges faced by military families, the Department of Defense is offering this private and confidential non-medical counseling service to military service members, military families, and military family service member's children in Child and Youth Programs, Department of Defense Education Activity schools, Local Education Agencies, DoDEA CYP summer programs, National Military Family Association Operation Purple Camps, Guard/Reserve camps, and Operation Military Kids Camps.
2. The CYB-MFLC counselors may support the centers, schools, summer programs and camps and work with military children and their families in the following ways:
 - Observe, participate and engage in activities with children and youth.
 - Provide direct interaction with military children.
 - Model behavioral techniques and provide feedback.
 - Suggest courses of age appropriate behavioral interventions to enhance coping and behavioral skills.
 - Provide outreach to military parents when they are available such as when they drop off or pick up their children or at family events.
 - Be available for military parents to contact for guidance and support.
 - Facilitate psycho-educational groups.
 - Conduct training for staff and parents.
 - Recommend referrals to military family programs and other resources as needed.
3. The counselor may assist military parents, military children and centers with the following type of issues:
 - Communication
 - Self-esteem/self-confidence
 - Resolving conflicts
 - Behavioral management techniques
 - Bullying
 - Helping children deal with angry feelings
 - Sibling/parental relationships
 - Deployment and reintegration issues
4. The counselor may also work with military children in settings such as field trips and other center, camp, or school sponsored activities.

5. The counselor is available to accommodate appointments and meetings/activities after hours and on weekends with advance notice.
6. At no time will the counselor meet individually with a child without being in line of sight of a CYP, DoDEA, LEA, or camp employee or a parent/guardian.
7. The counselor may use only OSD approved materials for trainings, groups, and any other activities.
8. **With the exception of mandatory state, federal, and military reporting requirements (i.e., domestic violence, child abuse, and duty-to-warn situations), as well as oversight review by DoD of the service you received should an adverse or harmful event occur, MFLC support is private and confidential to encourage the greatest level of participation.**

Print Name of Child: _____

Select only one check box below:

I understand the above CYB-MFLC program description and authorize my child to participate in CYB-MFLC services. This authorization is valid for the duration of my child's enrollment. I understand I can revoke this authorization at any time in writing.

I do not authorize my child to participate in CYB-MFLC services.

PARENT OR GUARDIAN SIGNATURE

DATE