



Dear Parent or Guardian:

Your child may be eligible to participate in Lutheran Social Services' USucceed Mentoring Program. USucceed is a program that aims to give high school students a mentor who will provide extra support and encouragement as your child transitions from childhood to adulthood. In the program, your child will be matched with an adult volunteer mentor. Your child has been referred to this program by a staff member at his or her school or staff from a youth service organization.

Your child will meet with his or her mentor for four hours per month. Your child has the option of meeting with their mentor in public locations throughout the community. All mentors are thoroughly screened and investigated. LSS has asked mentors for a four year commitment so students have the same mentor through their high school years. We are also asking that students commit to being in the program until their high school graduation.

All matches will be closely monitored by LSS staff. We will discuss the progress of each relationship with volunteers on a monthly basis and personally meet with matches each semester. LSS will also conduct check-in calls with a support person for the student each month for the first year and quarterly following that. There is a limit of 30 youth in this program each year, so please be sure your child is committed and understands what is expected of them.

If you would like your child to participate in the program, talk about it with him or her. If both of you are comfortable with the activities, please express your interest by signing and providing your contact information below. Please return this form to the person that is referring your child for this program. Once matched, LSS will contact you to set up an introductory meeting between you, your child, the mentor and an LSS staff person.

By signing, you understand that you hold the Sioux Falls School District, its schools and staff, and Lutheran Social Services, its staff and mentors, free of liability in the event of any results or developments occurring as part of their efforts on your behalf or the behalf of your son/daughter/guardian student.

Please contact me with any questions or concerns at 444-7801 or michelle.madsen@lsssd.org. Thank you for your time.

Sincerely,
Michelle Madsen Director, Mentoring Programs

I, the undersigned, would like to enroll my child, _____ (Child First, Last Name) in USucceed. I understand that my contact information will be disclosed to Lutheran Social Services of South Dakota.

Parent/Guardian Name		Date	
Address	City	State	ZIP
Email Address	Primary Phone Number	Alternate Phone Number	

Parent/Guardian Signature



USucceed Referral Form

After receiving parent/guardian permission for youth to participate in the program, please send permission letter and completed USucceed Referral Form and USucceed Youth Agreement Form to:

Lutheran Social Services USucceed, 705 E 41st Street, Suite 220, Sioux Falls, SD 57105
PHONE: 605.444.7802 | FAX: 605.444.7450 | EMAIL: mentoring@lsssd.org

Youth First Name		Youth Last Name		Youth Date of Birth	
School				Grade	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Youth Race/Ethnicity		Youth Primary Language		Youth currently or has had a mentor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Youth is currently or has been involved in DSS, UJS or DOC system? Details:				<input type="checkbox"/> CURRENT <input type="checkbox"/> PREVIOUS <input type="checkbox"/> NO	
Youth has read and signed the USucceed Agreement? <i>Agreement form must be returned with the referral form.</i>				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Youth's Present Location (home, agency, etc)				Length of Current Placement	
Current Location Address (if known)				City/State/Zip	
Parent/Guardian or Custodial Person Name				Phone Number	
Name of Any Other Significant Caregivers/Case Workers/Counselors				Phone Number	
How may this youth benefit from a mentor? _____ _____					
Interests of the youth (hobbies, activities, etc)? _____ _____					
Any issues/concerns to note? Alcohol/drug use, mental health issues, family violence history, etc _____ _____					
Referral/Contact Person			Referral/Contact Agency		
Referral Email Address			Referral Phone Number		

Referral Signature

Date of Referral

FOR OFFICE USE ONLY: Date Received: _____



USucceed Student Agreement Form

Please review this form with the youth being referred to USucceed to ensure they understand the commitment they are making. Please have the youth initial and sign the form.

____ I agree to participate in the USucceed Mentor Program. I understand that I will be expected to keep my meetings with my mentor and that we meet an hour a week or four hours a month.

____ The relationship between me and my mentor is an “at will” arrangement, and that it may be terminated at any time without cause by me, my mentor, the school district, or Lutheran Social Services.

____ I understand I have the option to meet my mentor in public places throughout the community or at the school.

____ I am expected to keep my appointments with the USucceed Coordinator and agree to take a short skills assessment each year.

____ I agree to abide by the policies and guidelines of the mentor program and the school. I understand that failure to do so may result in termination of the mentoring relationship.

____ I agree to tell LSS if I have a change in my contact information. I know that I can get help from the USucceed Coordinator when I need it.

____ I understand that there is money that I can apply for if I need to purchase something for school, work or daily living purposes. I agree to work with my mentor and the LSS USucceed Coordinator if I need this money.

____ I understand that my mentor is there to be a friend and that I should not make unreasonable request of them. They are not my parent, counselor or teacher.

I agree with all of the statements above.

Student Name (Printed)

Student Signature

Date