



**JUNEAU
YOUTH
SERVICES**

2075 Jordan Ave
Juneau, AK 99803

Phone: 907.789.7610
Fax: 907.789.2106

Juneau Youth Services

CONFIDENTIAL REFERRAL FORM

Youth's Name: _____

Referral Source: _____ **Referral Date:** _____

Services or supports requested:

Youth Information

First Name: _____		Last Name: _____	
Birth Date: _____	Age: _____	Gender: _____	Ethnicity: _____
School: _____		Grade: _____	
Current Placement (where youth currently resides):			
Address: _____		Phone: _____	
Parent/Legal Guardian: _____		Parent/Legal Guardian #2: _____	
Phone: _____		Phone: _____	
Address: _____		Address: _____	
Name of person referring youth: _____ Relationship to youth: _____ Phone number: _____ Alternate phone number: _____ Best time to call: _____ Email: _____ Fax: _____ Other: _____		Any additional information?	
Please include the following information or documents (if available): <ul style="list-style-type: none"> <input type="checkbox"/> Release of Information Form(s) (<i>Required for all applicants</i>) <input type="checkbox"/> Psychological and/or Psychiatric Evaluations <input type="checkbox"/> Discharge Summaries from Previous Placements and/or Treatment Plan Reviews <input type="checkbox"/> Placement History (ex. Foster Homes, Hospitals, Residential Treatment, Relatives, etc.) 			