



Youth Advocates of Sitka

Empowering the youth of Alaska.

805 Lincoln St.
Sitka, AK 99835

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Please Fax Completed Referrals to YAS Intake Coordinator: 907-747-3627

YOUTH ADVOCATES OF SITKA, INC. REFERRAL FOR SERVICES **Date** _____

Name of Youth: _____ **School/Grade:** _____

Date of Birth: _____ **Social Security Number:** _____

Parent/Guardian: _____ **Phone:** _____

Mailing Address: _____ **Email Address:** _____

Preferred Method/Time to Contact: _____

Person Referring Youth: _____ **Agency/Position:** _____

Phone: _____ **Email:** _____

Contacted Parent? _____ **Date of Contact:** _____

Identified Problems:

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| Home | School | | Home | School | |
| <input type="checkbox"/> | <input type="checkbox"/> | Defies parent(s) and other adults | <input type="checkbox"/> | <input type="checkbox"/> | Requires supervision to prevent problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Has verbal outbursts on a regular basis | <input type="checkbox"/> | <input type="checkbox"/> | Has trouble paying attention to direction |
| <input type="checkbox"/> | <input type="checkbox"/> | Has physical outbursts on a regular basis | <input type="checkbox"/> | <input type="checkbox"/> | Has mood swings |
| <input type="checkbox"/> | <input type="checkbox"/> | More sadness than the average child | <input type="checkbox"/> | <input type="checkbox"/> | Has trouble sleeping on a regular basis |
| <input type="checkbox"/> | <input type="checkbox"/> | Takes (steals) items | <input type="checkbox"/> | <input type="checkbox"/> | Eating patterns have changed/inconsistent |
| <input type="checkbox"/> | <input type="checkbox"/> | Acts without considering the consequences | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Comments:

YAS Office Use Only:

Received By:		Date Received:	
Assigned Clinician:		Assigned Case Mgr:	