NAVAJO TREATMENT CENTER FOR CHILDREN AND THEIR FAMILIES

(formerly Navajo Child Special Advocacy Program)

☐ Chinle	☐ Crownpoint	☐ Dilkon	☐ Ft. Defiance	☐ Kayenta	☐ Shiprock	☐ Tuba City
P.O. Box 1000	P.O. Box 888	HC 63 6102	P.O. Box 1789	P.O. Box 9998	P.O. Box 4001	P.O. Box 2199
Chinle, AZ 86503	Crownpoint, NM 87313	Winslow, AZ 86047	Ft. Defiance, AZ 86504	Kayenta, AZ 86033	Shiprock, NM 87420	Tuba City, AZ 86045
Ph.: (928) 674-2201	Ph: (505) 786-2420	Ph: (928) 657-8182	Ph.: (928) 729-4282	Ph.: (928) 697-5560	Ph.: (505) 368-1168	Ph.: (928) 283-3261
Fax: (928) 674-5740	Fax: (505) 786-2421	Fax: (928) 657-8098	Fax: (928) 729-4285	Fax: (928) 697-5562	Fax: (505) 368-1192	Fax: (928) 283-3279

REFERRAL

DATE: _____ **INDIVIDUAL'S NAME:** _____

DOB: _____ **COURT- ORDERED?** Submit copy of Court Order **SS#:** _____

SCHOOL/GRADE/EMPLOYMENT: _____

CONTACT: _____ **TELEPHONE:** _____

PARENT/LEGAL GUARDIAN: _____

CHAPTER AFFILIATION: _____

MAILING ADDRESS: _____

PARENT'S INFORMED OF THIS REFERRAL: ☐ YES ☐ NO: (If no, parents must have Informed Consent).

MAP TO LOCATION OF HOME:

EMERGENCY CONTACT: **TELEPHONE #:**

NAME OF OTHER FAMILY MEMBERS	DOB	SEX	SS#	GRADE	SCHOOL

(USE REVERSE SIDE IF NEEDED.)

REFERRAL SOURCE: _____ **TELEPHONE :** _____

(NAME OF REFERRING PERSON/AGENCY.)

ADDRESS: _____

HAS CHILD EVER RECEIVED TREATMENT? _____

PRESENTING PROBLEM: _____

_____

_____

_____

_____

_____ _____ _____

REFERRING PERSON SIGNATURE **REFERRING PERSON (PRINTED NAME)** Date

Revised7/2007