

# NAVAJO TREATMENT CENTER FOR CHILDREN AND THEIR FAMILIES

(formerly Navajo Child Special Advocacy Program)

<input type="checkbox"/> <b>Chinle</b> P.O. Box 1000 Chinle, AZ 86503 Ph.: (928) 674-2201 Fax: (928) 674-5740	<input type="checkbox"/> <b>Crownpoint</b> P.O. Box 888 Crownpoint, NM 87313 Ph: (505) 786-2420 Fax: (505) 786-2421	<input type="checkbox"/> <b>Ft. Defiance</b> P.O. Box 1789 Ft. Defiance, AZ 86504 Ph.: (928) 729-4282 Fax: (928) 729-4285	<input type="checkbox"/> <b>Kayenta</b> P.O. Box 9998 Kayenta, AZ 86033 Ph.: (928) 697-5560 Fax: (928) 697-5562	<input type="checkbox"/> <b>Shiprock</b> P.O. Box 4001 Shiprock, NM 87420 Ph.: (505) 368-1168 Fax: (505) 368-1192	<input type="checkbox"/> <b>Tuba City</b> P.O. Box 2199 Tuba City, AZ 86045 Ph.: (928) 283-3261 Fax: (928) 283-3279
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## 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

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