



Yurok Health and Human Services

YOUTH WELLNESS SERVICES

Interagency Referral

Request for Youth Prevention Specialist Services



CONFIDENTIAL

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|-------|------------------|---------|------|
| Date: | Referring Youth: | School: | Age: |
|-------|------------------|---------|------|

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|------------------------|----------|---------|--|
| Referring person name: | | Agency: | |
| Title: | Contact: | Email: | |

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| Guardian name: | | Relationship to Youth: | |
| Contact: | | Address: | |
| Is Youth a Yurok Tribal member/ decedent? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is Youth in crisis? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is Youth or Guardian aware of referral? Youth <input type="checkbox"/> Yes <input type="checkbox"/> No Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| Please check all supports requesting for Youth: <ul style="list-style-type: none"> <input type="checkbox"/> AOD Services <input type="checkbox"/> Intimate Partner Violence Education/Intervention <input type="checkbox"/> Substance Abuse Prevention Education <input type="checkbox"/> Ongoing Case Management <input type="checkbox"/> Cultural Enrichment <input type="checkbox"/> Court or School Advocacy <input type="checkbox"/> Academic Support Services <input type="checkbox"/> Behavioral Health Assistance <input type="checkbox"/> Language Classes <input type="checkbox"/> Employment/ Career Counseling <input type="checkbox"/> Youth Mentorship <input type="checkbox"/> Community Service Options | Additional risk factors: <ul style="list-style-type: none"> <input type="checkbox"/> Low Self Esteem or Negative Self-Perception <input type="checkbox"/> Victim of Bullying <input type="checkbox"/> Low Academic Performance/ Attendance <input type="checkbox"/> Multiple Suspensions <input type="checkbox"/> Suspected Substance Use <input type="checkbox"/> Victim of Abuse <input type="checkbox"/> Grieving <input type="checkbox"/> LGBTQ+ <input type="checkbox"/> Homelessness / Housing Issues / Runaway <input type="checkbox"/> Family Impacted by Opioid Crisis <input type="checkbox"/> Foster Care System <input type="checkbox"/> IEP, 504 |
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Yurok Tribe Agency use

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| Additional Comments: |
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|----------------|--------------|-----------------|
| Date received: | Case #: | |
| Date assigned: | Coordinator: | Assigned staff: |

Please email to: vryles@yuroktribe.nsn.us **or** call Valerie, Program Coordinator @ (707) 499-8407