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

Comments: _____

_____

_____

_____

YAS Office Use Only:

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