

RAVEN'S WAY CAMPUS
CONFIDENTIAL REFERRAL FORM

Referral Date: _____ Services or Supports Requested: _____

YOUTH INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Gender Identity: _____

Sex Assigned at Birth: _____ Ethnicity: _____

School: _____ Grade: _____

Current Placement (where youth currently resides) and Address:

Phone: _____ Email: _____

GUARDIAN INFORMATION

Parent/Legal Guardian: _____ Parent/Legal Guardian #2: _____

Phone: _____ Phone: _____

Address: _____ Address: _____

REFERRAL SOURCE INFORMATION

Name of person referring youth: _____ Relationship to youth: _____

Phone Number: _____ Alternate Number: _____

Best time to call: _____ Email: _____

Fax: _____ Is guardian aware of referral: _____

Please include the following information or documents (if available):

- Release of Information Form(s) (Required for all applicants)
- Psychological and/or Psychiatric Evaluations
- Discharge Summaries from Past Services, Previous Placements and/or Treatment Plan Reviews
- Placement History (ex. Foster Homes, Hospitals, Residential Treatment, Relatives, etc.)

Submit by email, fax or mail to rwintake@searhc.org,
907.789.8443 (fax) or 3100 Channel Drive, Juneau, AK 99801