

**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](mailto:rwintake@searhc.org),  
907.789.8443 (fax) or 10685 Mendenhall Loop Road  
Juneau, AK 99801