

# NAVAJO TREATMENT CENTER FOR CHILDREN AND THEIR FAMILIES

**Chinle**  
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 Chinle, AZ 86503  
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**Crownpoint**  
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**Ft. Defiance**  
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**Kayenta**  
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**Shiprock**  
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**Tuba City**  
 P.O. Box 2199  
 Tuba City, AZ 86045  
 Ph.: (928) 283-3269  
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## REFERRAL

|                          |                                  |
|--------------------------|----------------------------------|
| <b>DATE OF REFERRAL:</b> | <b>REFERRED INDIVIDUAL NAME:</b> |
|--------------------------|----------------------------------|

**REFERRED INDIVIDUAL'S PARENT/LEGAL GUARDIAN:**

|  |                                       |
|--|---------------------------------------|
| <b>PARENT/LEGAL GUARDIAN'S MAILING ADDRESS:</b>        | <b>PARENT/LEGAL GUARDIAN'S PHONE:</b> |
| <small>Town/City                      Zip Code</small> |                                       |

**PARENT/LEGAL GUARDIAN'S PHYSICAL ADDRESS:**

**REFERRED INDIVIDUAL'S SCHOOL/GRADE:**

**PARENT(S)/GUARDIAN(S) INFORMED OF THIS REFERRAL:**     YES             NO:

**MAP TO LOCATION OF HOME:**

**EMERGENCY CONTACT:** **PHONE #:**

| OTHER FAMILY MEMBERS<br>(PARENT(S)/ GUARDIAN(S), SIBLINGS) | DOB | GENDER | GRADE | SCHOOL/OCCUPATION/RETIRED OR<br>UNEMPLOYED |
|--|-----|--------|-------|--|
|  |     |        |       |  |
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|  |     |        |       |  |

**PRESENTING PROBLEM: (PLEASE TYPE/WRITE CURRENT MENTAL AND OR BEHAVIORAL HEALTH CONCERNS THAT IS IN NEED OF ATTENTION.**

|   |             |
|---|-------------|
| <b>REFERRAL SOURCE NAME/ADDRESS &amp; PHONE NUMBER:</b> |             |
|   |             |
| <b>REFERRAL SOURCE PRINT NAME &amp; SIGNATURE</b>       | <b>DATE</b> |