



# ALASKA YOUTH & FAMILY NETWORK

*The Alaska Chapter of the National Federation of Families for Children's Mental Health*

**We Are Your Shelter From The Storm**

PO BOX: 233142, Anchorage, Alaska 99523-3142 Main Office: 740 Communications Ave, Anchorage, Alaska 99503

Phone: 907-770-4979

Fax: 907-770-4997

Website: [www.avfn.org](http://www.avfn.org)

Email: [admin@avfn.org](mailto:admin@avfn.org)

## Initial Referral Form

<b>Date:</b>		<b>Person Taking Referral:</b>	
<b>Caller's Name : (First and Last)</b>		<b>Relationship to Family:</b>	
		<b>Best Contact Number:</b>	
<b>Primary Contact Info:</b>		<b>Please write "same" if caller is primary contact</b>	
<b>First Name:</b>		<b>Last Name:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>	
<b>Work Phone:</b>		<b>Other Phone:</b>	
<b>Message?</b>		<b>Best time to call:</b>	
<b>Address:</b>		<b>City/State/Zip:</b>	
<b>Email:</b>			
<b>Family Members/Persons Involved:</b>			
<b>Name:</b>		<b>Name:</b>	
<b>D.O.B.:</b>		<b>D.O.B.:</b>	
<b>Sex:</b>		<b>Sex:</b>	
<b>Name:</b>		<b>Name:</b>	
<b>D.O.B.:</b>		<b>D.O.B.:</b>	
<b>Sex:</b>		<b>Sex:</b>	
<b>Name:</b>		<b>Name:</b>	
<b>D.O.B.:</b>		<b>D.O.B.:</b>	
<b>Sex:</b>		<b>Sex:</b>	
<b>Reason for Referral:</b>			

*A peer-run, peer delivered service, to create a more effective and inclusive behavioral health treatment system for Alaska's children, youth & families.*



# A L A S K A YOUTH & FAMILY N E T W O R K

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**Is anyone in your family involved with any of the following? (Please check all that apply):**

- OCS   
  DJJ   
  Mental Health   
  Substance Use   
  Developmental Disability  
 SED (Serious Emotional Disorder)   
  Legal Involvement   
  Foster Care

**If yes, please briefly describe your involvement and provide appropriate contact information for necessary parties:**

<b>Does your family have access to basic needs? (Food, shelter, clothing etc.)</b>	
<b>Do you and those living with you feel safe where you are?</b>	
<b>Is there a language or cultural concern we should be aware of? If yes, please describe:</b>	
<b>Is anyone in your family/household military?</b>	
<b>How did you hear about AYFN?</b>	
<b>What other community providers are you working with?</b>	

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