



**Youth Services**  
**PO Box 1090**  
**Nome, AK 99762**  
**Phone: (907) 443-2246**  
**Fax: (907) 443-9140**  
**www.necalaska.org**



**YOUTH SERVICES REFERRAL**

- Youth is needing **ACADEMIC SUPPORT SERVICES:**  
 (poor grades, missing assignments, additional help outside the classroom, communication with school, parent/teacher conferences, accessing Powerschool from home)
- Youth is needing **ATTENDANCE SUPPORT SERVICES:**  
 (absences, tardy, missing the bus )
- Youth is needing **FAMILY SUPPORT SERVICES:**  
 (setting limits, , juvenile delinquency issues, communication, peer pressure, family goals and objectives, Community Family Nights)
- Youth is needing **MENTORING SUPPORT SERVICES:** (Life Skills Training, positive role models, alcohol prevention)

Date of Referral: \_\_\_\_\_ Referred By: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

PO Box: \_\_\_\_\_ Home Address: \_\_\_\_\_

Who does this student live with?  Mother  Father  Grandparents  Other: \_\_\_\_\_

Mother: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Father: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please indicate the reason for this referral: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_