

NAVAJO TREATMENT CENTER FOR CHILDREN AND THEIR FAMILIES

☐ **Chinle**
P.O. Box 1000
Chinle, AZ 86503
Ph.: (928)674-2201
Fax: (928)674-5740

☐ **Crownpoint**
P.O. Box 1482
Crownpoint, NM 87313
Ph.: (505) 786-2333
Fax: (505) 786-2421

☐ **Ft. Defiance**
P.O. Box 1789
Ft. Defiance, AZ 86504
Ph.: (928) 729-4282
Fax: (928) 729-4285

☐ **Kayenta**
P.O. Box 4001
Shiprock, NM 87420
Ph.: (505)368-1169

☐ **Shiprock**
P.O. Box 4001
Shiprock, NM 87420
Ph.: (505) 368-1191

☐ **Tuba City**
P.O. Box 2199
Tuba City, AZ 86045
Ph.: (928) 283-3269
Fax: (928) 283-3279

REFERRAL

DATE OF REFERRAL:	REFERRED INDIVIDUAL NAME:		
REFERRED INDIVIDUAL'S PARENT/LEGAL GUARDIAN:			
PARENT/LEGAL GUARDIAN'S MAILING ADDRESS:		PARENT/LEGAL GUARDIAN'S PHONE:	
Town/City		Zip Code	
PARENT/LEGAL GUARDIAN'S PHYSICAL ADDRESS:			
REFERRED INDIVIDUAL'S SCHOOL/GRADE:			
PARENT'(S)/GUARDIAN'(S) INFORMED OF THIS REFERRAL: <input type="checkbox"/> YES <input type="checkbox"/> NO:			
MAP TO LOCATION OF HOME:			
EMERGENCY CONTACT:		PHONE #:	

OTHER FAMILY MEMBERS (PARENT(S)/ GUARDIAN(S), SIBLINGS)	DOB	GENDER	GRADE	SCHOOL/OCCUPATION/RETIRED OR UNEMPLOYED

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

REFERRAL SOURCE NAME/ADDRESS & PHONE NUMBER:		
REFERRAL SOURCE PRINT NAME & SIGNATURE		DATE

Revised: 04/14/2023