



TOLOWA DEE-NI' NATION
Kii-daa-naa-dvn- Tribal Court
 12801 Mouth of Smith River Rd.
 Smith River, CA 95567
 (707) 487- 9255 Ext: 1161

TRIBAL COURT USE ONLY

JUVENILE HEALING TO WELLNESS
Nuu-da'-ye' Ghes-na' ("Our Family Wellness")

REFERRAL FOR SERVICES

Date: _____ Referring Party or Parent(s): _____

Referring Agency (*if applicable*): _____

Phone: _____ Email: _____

Address: _____

YOUTH INFORMATION:

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____

Current School Attending: _____

Tolowa Dee-ni' Member: Yes No **OR** Tribal Affiliation: _____

Active or Pending Probation Case: Yes No

If yes, what Agency: _____ County: _____

REASON FOR REFERRAL: (*attach supporting documentation/observations*)

LIST CHALLENGES IDENTIFIED:

PRESENT SITUATION:

PROGRAM REQUEST/ NEXT STEPS:

SUGGESTED COLLABORATIVE AGENCY REFERRALS:

1. _____
2. _____
3. _____
4. _____
5. _____

APPROPRIATE RELEASES SIGNED BY CLIENT? Yes No