Request for Services (Youth Referral)
Mental Health Counseling

Today's Date	
Information Regarding the Individual Completing Request	
Name	Phone Number
Relationship to Youth	
Youth Information	
Name	Date of Birth
Address	Phone Number
May We Contact Via Text	School District
Are you an enrolled Stillaguamish Tribal Member?	
Are you a relative of Stillaguamish Tribal member?	
Are you a relative of a Stillaguamish employee? If yes, what Department?	
Parent/Legal Guardian Information	
Does anyone other than a biological parent have legal custody?	
*Please fill out **legal guardian** information below*	
Name	Relationship to Youth
Address	Phone Number

FRONT DESK STAFF USE		
Date Received	Registered in Epic	Staff Signoff
CLINICAL STAFF USE		
Date Staffed	Clinician Assigned	Supervisor Initials