



Date: _____

Referral Form

Please contact CODI (907)745-2634 Fax:(907) 745-4897

The purpose of this form is to refer families to CODI. Submission of this form will place the family on a wait list for the next available clinician or appropriate group. Families will be contacted when space is available.

Parent/Guardian Name

Home Phone/ Cell Phone

Home Address

Parent/Guardian Name

Home Phone/ Cell Phone

Home Address

Youth's Name

Age

DOB

Gender

OCS/DJJ Involvement

Additional Children's Names and Ages:

Brief description as to why the family is being referred: (Include family legal/social history, any offences and charges)

Name and phone number of referring person and organization _____
