



Native American Youth and Family Center

5135 NE Columbia Boulevard, Portland, Oregon 97218
P (503) 288-8177 | F (503) 288-1260 | www.nayapdx.org

Manager ONLY:

Date Assigned: _____

Assigned to: _____

Manager Initials: _____

Youth Advocacy Initial Assessment & Referral Form

Fax or e-mail to – Attention Youth Advocacy Manager, danielg@nayapdx.org. After receiving the referral, we will follow-up with the youth/family or individual making the referral within 3-5 business days.

****Please complete ALL sections below to the best of your knowledge. Incomplete referrals can delay the process.****

Person Making Referral:

Referral Date: _____ Referred By: _____ Organization: _____

Phone: (____) _____ X _____ Email: _____ Fax: (____) _____

Youth Information

Name: _____ Date of Birth: _____ Age: _____

Gender: Male Female Two-Spirit Language Spoken in Home: _____

Race/Ethnicity (list all that apply): _____

Tribal Affiliations (if any): _____

List Youth's Strengths: _____

Programs/Activities in which youth participates: _____

Parent/Guardian: _____ Relationship: _____

Youth Phone: _____ Parent/Guardian Phone(s): _____

Address: _____ City: _____ Zip: _____

Receives or Qualifies for Free or Reduced Lunch:

School/Academic Information

Grade: _____ Synergy#: _____ SSID#: _____ Current School: _____

Enrollment Status: Enrolled Suspended Not Enrolled At Risk for Disenrollment

Special Academic Needs: Has active IEP English Language Learner (ESL)

Academic Performance: Frequent Absenteeism At risk of failing one or more classes

Please identify services needed and/or wanted:

Initial Youth Assessment

- Recent or a history of expulsions/suspensions
- Exhibiting behavioral issues
- Engaged in acts of delinquency
- Mental health issues
- Substance abuse
- Gang affiliation or at risk of gang involvement
- Currently homeless
- Teen Pregnancy/ Teen Parent (mother or father)

Initial Family Household Assessment

- Single parent household
- Receive TANF, SNAP, or other Assistance
- Foster care/relationship with child welfare
- Recent or history of Family discord/conflict
- Recent or history of Substance abuse in household
- Recent or history of criminality in family
- Recent or history of domestic violence
- Family mental health issues

Please list any additional concerns and/or your recommendation for further action:

