



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: _____

Grant Code: _____

Youth Advocacy Initial Assessment & Referral Form

Fax or e-mail to - Attention Youth Advocacy Manager, EvelynA@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)

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

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

