



Two Feathers Native American Family Services

2355 Central Avenue Suite C, McKinleyville, California 95519
(707)839-1933 ♦ 1-800-341-9454 ♦ Fax (707)839-1726

INTERAGENCY REFERRAL FORM

Date: _____ Referred by: _____

Person being referred: _____ Age: _____

Agency/School: _____ Phone: _____

Agency/School Signature: _____ Title: _____

If a minor, Caregiver's Name: _____

Address: _____

Day time phone: _____ Evening: _____

Please contact me by: [] phone [] by mail

Eligibility for services:

- ____ Native American or live in a Native American household
- ____ Resident of Humboldt County
- ____ A child (up to 17 years of age) who has experienced abuse and/or neglect, or bullying; or
- ____ A man, woman, or child (13 years and up) who has experienced domestic violence, sexual assault, stalking and/or dating violence

What services are you interested in? (Check all that apply)

- | | |
|---|--------------------------------------|
| ____ Therapeutic Cultural Groups(ages 6-17) | ____ Case Management |
| ____ Counseling | ____ Interagency Advocacy |
| ____ Emergency Assistance | ____ Court, School or Other Advocacy |
| ____ Native Women's Beading Group | ____ Childcare Applications |
| ____ Other: _____ | |

Additional Comments:

Please fax this Referral to
Two Feathers NAFS at (707) 839-1726
Thank You!

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