



# Karuk Tribe

## TRIBAL YOUTH TRUANCY DIVERSION PROGRAM

1836 Apsuun, Yreka, CA  
P.O. Box 629, Yreka, CA 96097  
Cell: 530-643-2092  
Phone: 530-841-3145 Ext.6600  
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### Referral Form

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll #: \_\_\_\_\_ Student's Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

Parent, Guardian or other Contact Person \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number if different from Student's \_\_\_\_\_

### Referring Organization

- Delphic Elementary       Grenada Elementary       Happy Camp Elementary
- Happy Camp High School       Hornbook Elementary       Junction Elementary
- Klamath Elementary       Montague Elementary       Seiad Elementary
- Yreka Union Elementary       Yreka Unified High School       Klamath-Trinity Joint Unified
- Other Provider/Agency: \_\_\_\_\_

Name & contact information of the person who is submitting the referral: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TYDP Staff: Please mark appropriate boxes below and send back to referring party. yootva (Thank you)**

Notification of action by TYDP program staff:  Email  Fax  Telephone  In person

Date: \_\_\_\_\_ Services Provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone \_\_\_\_\_