Tanana Chiefs Conference

Behavioral Health Services
Graf Rheeneerhaanjii
Chief Peter John Tribal Building
122 First Avenue, Suite 400
Fairbanks, AK 99709
907-452-0800 | Fax 907-459-3810
Toll Free in Alaska: 1-800-478-4741

Tanana Chiefs Conference (TCC) understands that the decision to apply for services often comes at a time of stress for families. Our goal is to reduce the stress of this time period by providing ongoing communication with families and facilitating as streamlined of an experience as possible. Upon receiving a referral, we will notify you of its receipt and the Graf Rheeneerhaanjii Administrative Assistant will be in touch to screen and process the referral.

If at any point you have questions or concerns about the intake process, please do not hesitate to contact Graf Rheeneerhaanjii at 907-452-0800. They will be happy to assist you with any questions or concerns you may have.

In order to ensure that applications are processed as timely as possible the following documents should be submitted along with this application for services:

Attached?	Requested Documentation
☐ Yes ☐ No	Custody Document (Must be a legal document)
☐ Yes ☐ No	Copy of Youth's Birth Certificate
☐ Yes ☐ No	Most Recent Physical Exam
☐ Yes ☐ No	Insurance Information (complete attached sheet and provide copy of subscriber's ID, DOB, and SSN)
☐ Yes ☐ No	Tribal Enrollment Verification (if applicable)
☐ Yes ☐ No	Immunization Records
☐ Yes ☐ No	Release of Information Forms (preferred forms are included in this application)

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Confidential Application for Residential Services

Please fax completed applications to 907-459-3810.

Date Completed:	Completed By:
Relation to Youth:	Phone Number:
Referred Youth:	Are Parental Rights Still Intact? ☐ Yes ☐ No
Is the Youth Aware of the Referral? ☐ Yes ☐ No	

Where and with whom does the youth reside?	
Referred Youth's Preferred or Cultural Name:	
Date of Birth:	Social Security Number:
Gender Assigned at Birth:	Identified Gender (gender youth identifies as):
Sexual Orientation:	
Race:	Ethnicity:
Tribal Affiliation:	Preferred Language:
Grade Level:	School:
Is an interpreter needed? ☐ Yes ☐ No	
Release of Information for Youth's Parent(s)/Guardian(s)? ☐ Yes ☐ No	

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Has the youth been involved in any behavioral health treatment previously? ☐ Yes ☐ No If so, please explain what type (inpatient, outpatient, substance use treatment, etc.):
Most Current Psychiatric Diagnosis Name(s) and Code(s)
Please list any recent medical or psychiatric testing that has occurred for the youth in the past year:
Is the youth currently taking any medications? ☐ Yes ☐ No If yes, please list below:

Smoking Status:	Military Status:

If the youth goes to residential, where will they live once treatment is completed?
In 3-5 sentences, what are the events leading to this referral?

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Parent/Guardian Information

Parent's Name:	
Address:	City/State/Zip Code
Phone Number:	Email:
Legal Guardian? ☐ Yes ☐ No	
Parent's Name:	
Address:	City/State/Zip Code
Phone Number:	Email:
Legal Guardian? ☐ Yes ☐ No	
Legal Guardian (If not parent):	
Address:	City/State/Zip Code
Phone Number:	Email:
Household Income (for grant and state reporting):	

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Questionnaire

Has the youth been assaultive or suicidal at any time in the last 90-days? ☐ Yes ☐ No If so, please describe:
What services would the parent(s)/guardian(s) want for the youth?
What services would the youth want for themselves?
Has residential, partial hospitalization, or outpatient services been discussed? ☐ Yes ☐ No If yes, what is the youth's response? Are they willing to participate and try their best in treatment?
Can the youth live at home with outpatient or partial hospitalization? ☐ Yes ☐ No If not, what is preventing them from living at home?
Who makes up the youth's support group?
Are the parents/guardians willing to participate in family therapy? ☐ Yes ☐ No