

-CONFIDENTIAL-

Los Alamos JJAB Resource Advocate Referral Form

Please email completed form to jjabreferral@gmail.com

Person Making Referral _____ Referral Date _____

Position/Role _____ Telephone _____

Youth Name _____ School _____ Grade _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Please check preferred contact:

Mother's Name _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Father's Name _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Different Legal Guardian Name _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Referral Reason _____

The Los Alamos Juvenile Justice Advisory Board (JJAB) supports many FREE youth and family programs. You will be contacted by the JJAB Youth or Family Resource Advocate in order to set up an initial meeting.

I, _____, give Los Alamos Public Schools permission to share my contact information, and reason for referral, with the Los Alamos Juvenile Justice Advisory Board Program Coordinator and/or Resource Advocate for the express purpose of referral to a Los Alamos JJAB Resource Advocate.

Signature _____

Form may be emailed to jjabreferral@gmail.com or mailed to PO Box 4716, White Rock, NM, 87547

