

-CONFIDENTIAL-

Los Alamos JJAB Resource Specialist Referral Form

Please email completed form to referral@losalamosjjab.com

Person Making Referral _____ Referral Date _____

Position/Role _____ Telephone _____

Youth Name _____ DOB _____ Gender _____

School _____ Grade _____ Email _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Please check preferred contact:

Mother's Name _____ Email _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Father's Name _____ Email _____

Home Phone _____ Cell Phone _____

Mailing Address _____

Different Legal Guardian Name _____ Email _____

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 Resource Specialist 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 JJAB Program Coordinator and/or Resource Specialist for the express purpose of referral to a Los Alamos JJAB Resource Specialist.

Signature _____

