



CENTRAL COUNCIL  
*Tlingit and Haida Indian Tribes of Alaska*  
**Reentry & Recovery Department**  
P.O. Box 25500 • Juneau, Alaska 99802  
Phone: 907.463.7365 • Email: reentry&recovery@ccthita-nsn.gov

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## Agency Referral & Recommendation Form

This form is to be used to provide a written referral and recommendation to the Central Council of the Tlingit & Haida Indian Tribes of Alaska's (Tlingit & Haida) Reentry & Recovery Non-Congregate Sheltering program. Please ensure this form is completed in its entirety; incomplete forms will not be considered.

**Department of Corrections (DOC) Personnel:** *Please attach any Low-Moderate and Minor infractions committed by the individual in the past six (6) months to this form, if applicable. If the individual has committed any Major or High-Moderate Infractions in that time they are currently ineligible.*

CLIENT INFORMATION			
First Name	MI	Last Name	Date of Birth
Phone Number	Additional Contact Information		
REFERRING AGENCY INFORMATION			
Name	Title		
Agency			
Phone	Email		
1. Why do you feel the individual would be a good fit for the program?			
2. How has the individual displayed advancement towards self-improvement and/or recovery?			

3. Has the client completed a behavioral health/substance abuse assessment?  Yes or  No  
*If yes, please attach. If the client does not have a current assessment, please assist in scheduling the assessment.*

4. Date and provider of upcoming scheduled assessment:

5. Do you have any additional information to share?