



Confidential Referral

For Treatment Foster Care in YKHC Region

Date Completed: _____ Completed by: _____

Referral source: please attach referral form to Confidential Application with associated records if applying for Treatment Foster Care (TFC) in YKHC region.

Referred Student: _____

Reason for referral for TFC in YKHC region:

____ Approved

YKHC clinician has reviewed referral and approved referral for TFC in YKHC region .

Signature: _____
YKHC Clinician

Date: _____

____ Denied

YKHC clinician had reviewed referral and denied for TFC based on following reasons:

Signature: _____
YKHC Clinician

Date: _____