**DAYS Self Referral Form**

Please complete the form below and submit to Noel d’Albertis at [ndalbertis@denveryouthservices.org](mailto:ndalbertis@denveryouthservices.org)

If you have questions about services, visit our website at [www.denveryouthservices.org](http://www.denveryouthservices.org) or email Noel d’Albertis at [ndalbertis@denveryouthservices.org](mailto:ndalbertis@denveryouthservices.org)

Self-referrals will be reviewed within 72 hours of receipt. **Please be sure to provide an active email address and/or phone number.**

**Date:** Click or tap to enter a date.

**Name of Person Completing Form**: Click or tap here to enter text.

**Relationship to Person in Need of Services**: Choose an item.

**Phone**: Click or tap here to enter text. **Email**: Click or tap here to enter text.

**Address**: Click or tap here to enter text.

**Name of Person Seeking Services**: Click or tap here to enter text.

**Date of Birth**: Click or tap to enter a date.

**Client can participate in telehealth, if necessary**:  Yes  No

**Client has Medicaid**:  Yes  No

**If Yes**, please provide Medicaid Number: Click or tap here to enter text.

**If No**, please tell us how you will pay for services: Click or tap here to enter text.

\*Please note we do not accept private insurance at this time. We may authorize a sliding scale fee for those who are self-pay.

**Reason for Seeking Services**: Please briefly describe why you are seeking services.

Click or tap here to enter text.

**Parent(s)/Guardian plan to be involved in services**:  Yes  No

**Services Requested:**

Mental Health Assessment

Individual Therapy

Family Therapy

Substance Use Assessment and Treatment

**For more information about Denver Area Youth Services (DAYS) visit our website at** [**www.denveryouthservices.org.**](http://www.denveryouthservices.org.)

**\*Please submit form electronically to Noel d’Albertis at** [**ndalbertis@denveryouthservices.org**](mailto:ndalbertis@denveryouthservices.org)