



Youth Engagement Department
Wayfinders Program
250 Village St, Juneau AK 99801
907.463.7912 • Wayfinders@tingitandhaida.gov



Youth Navigators Program Application

Please complete this application, identifying “unknown” or “N/A” if it does not apply to you. The information you provide in this application will be used to help determine your eligibility, as well as assist Navigators Staff to learn more about you. Please do not leave any blanks.

Participant Information:

Participant Name (First, Middle, Last)

DOB Tribal Enrollment #

Tribal Name(s)

Grade School

Gender as appears on ID Preferred Pronouns

Parent/Guardian Name(s)

Residence Address

Mailing Address (if different)

Participant Phone Parent/Guardian Phone Emergency Phone

Participant Email Address

Parent/Guardian Email Address

FOR OFFICE USE ONLY

Date Received: _____ Date Reviewed: _____

Determination:



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Screening Questions:

Please answer the following questions honestly as the information provided will assist us in addressing your teens' needs and make appropriate referrals.

Participant Level of Cultural Connection/Involvement (circle one)	
none	minimal some a bit a lot
Family Level of Cultural Connection/Involvement (circle one)	
none	minimal some a bit a lot
Does your teen experience difficulty in school? Please check all that apply. ____ Poor Grades ____ Truancy ____ Poor Academic Standing ____ N/A	Yes No
Does your teen feel safe or connected at school?	Yes No
Does your teen have a disability? (circle one) *If yes, please specify (physical/mental) and describe: *If yes, does your teen have an IEP? Yes / No	Yes No
Is your teen living out of the parental home?	Yes No
Is your teen couch surfing, living with friends, or homeless?	Yes No
Does your teen use tobacco, alcohol, or drugs?	Yes No Unsure
Does your teen engage in self-harm or self-injurious behavior, think/talk about suicide, or have a history of self-harm or suicide attempt(s)?	Yes No Unsure
Does your teen have a counselor?	Yes No
Does your teen have a history of legal involvement? Probation? Yes / No State or Tribal Custody? Yes / No	Yes No



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Please use this space to provide any additional information about your teen that you believe is important:

In order to better serve you, please complete *both* sections to let us know what interests you in the Wayfinders Program. Please include any current goals or specific support requests.

Participant: _____

Parent/Guardian: _____

Thank you for your interest in the Wayfinders Program. Once your complete application has been submitted, Wayfinders Staff will review your eligibility and contact you within two (2) business days. If you have any questions, additional information, or have not been contacted, please contact us at 907.463.7912 or Wayfinders@tlingitandhaida.gov

Gunalchéesh, Haw'aa, Thank you!

Participant Name	Participant Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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