

How did you hear about us?

Contacts

Please provide at least two adult contacts such as: teachers, counselors, caseworkers, foster parent, or relative.

1. Name: _____

Phone: _____ Relationship: _____

2. Name: _____

Phone: _____ Relationship: _____

3. Name: _____

Phone: _____ Relationship: _____

By signing this form, I certify that all of the above information is complete and accurate.

Signature

Date

Please return **Whatcom** application by:

Mail: ATTN: TLP
Northwest Youth Services
PO Box 5447, Bellingham, WA
98227

Drop off: 1020 N. State St.
Bellingham, WA

Fax: 360-734-4720

If you have any questions please call **Hannah Smith** at: **734-9862** ext.124

Please return **Skagit** application by:

Mail or Drop off: ATTN: TLP
1111 Cleveland Ave #102
Mt. Vernon, WA 98273

Fax: 360-424-0908

If you have any questions please call **Amy O'Connor** at: **(360) 336-1988**