

REQUEST FOR TREATMENT SERVICES FORM

PATIENT INFORMATION

***Please use your LEGAL name:**

Last Name:

First:

Email Address:

Best Phone # for us to contact you:

May we leave a voicemail if we don't reach you?

Yes No

I am interested in the following services (check all that apply):

Outpatient Treatment Residential Treatment (Gastineau House)

Anger Management Group Court-Ordered Community Work Service

Brief Description of My Needs, Questions or Concerns:

Is anyone requiring you to complete an assessment or attend treatment? (check all that apply) or Is there anyone/agency you will be signing a release of information to so they know you are involved in treatment?

ADOC – Current CRC Resident ADOC – Field Probation ADOC – Field Parole

Juneau Therapeutic Court (JTC) Office of Children's Services (OCS) JASAP

Attorney/Court-Ordered Community Resource Project (CRP Court)

Other:

Treatment requests should be routed to: reception@ghscorp.org.
Contact Info: 1613 Anka St., Juneau, AK 99801
(907) 780-3044 Fax#: (907) 780-6083
Office Hours: 8:00 AM – 7:00 PM Monday-Thursday, 8-5 on Fridays.

REQUEST FOR HOUSING SERVICES FORM

PATIENT INFORMATION

***Please use your LEGAL name:**

Last Name:

First:

Best Phone # for us to contact you:

Email Address:

May we leave a voicemail if we don't reach you?

Yes No

I am interested in the following program(s) (check all that apply):

Juno House – 18-month transitional housing program.

Gastineau House – residential treatment program, currently available for males only.

Brief Description of My Needs, Questions or Concerns:

Housing requests should be routed to: info@ghscorp.org.

Contact Info: 5597 Aisek St., Juneau, AK 99801

(907) 780-3044

Fax#: (907) 780-6083

Office Hours: 8:00 AM – 7:00 PM Monday-Thursday, 8-5 on Fridays.