

Please send the completed form via email to doors-av-referrals@jcod.lacounty.gov

Referral Source (Check one)	
Community	Internal (within CBO) External CBO
First Name	Mid Name
Last Name	
Phone:	
Email:	
Date of Birth:	SSN: (last 4 digits)
Address (No., Direction, Street, Type, Apt/Ste, City, State) or "homeless"	Zip Code
Race/Ethnicity (indicate all that apply):	
Hispanic/ Latinx	Bi-Racial
African American	Middle Eastern/North African
Asian	Native Hawaiian, Guamanian, Samoan, Tongan, Other
White	Other Identified ethnicity or race
Gender:	
M F Trans Woman (MTF) Other	Nonbinary Trans Man (FTM) Prefer Not To Answer
Prefer To Self Define	
Probation/Parole	
Prior Arrests:	Yes No Unknown
Prior Convictions:	Yes No Unknown
Adult Juvenile	X or CDR number:
Probation Referral Office (Only Complete if on Active Probation)	
Are you on Probation or Parole?	Yes No
If yes, please indicate which probation/parole office you report to: (write in)	
Notes: (Please include summary of contact and include engagement efforts, scheduled appointments or classes, enrollment or declining of services)	

Client Has (Check Applicable)		
Has a Valid CA Drivers Lic.	Has a Valid CA ID	
Employment Status: FT PT Unemployed	Highest Education Level: _____	
Veteran: Served one (1) day or more in the US Military?		
Yes No	Prefer Not To Answer Unknown	
Service(s) Requested (Mark All that Apply)		
Art Therapy	Child Support Services	
Benefits: GR Medical Cal Fresh SSI/SSDI	Housing: Emergency Shelter Interim Transitional Permanent	
High School/GED	Employment	
Family Reunification	Legal Aid	
Reentry Intensive Case Management	Financial Literacy	
Substance Abuse (Check one below) Group (Educational Classes) Treatment (Ind. In/Out Care)	Mental Health Behav. Mgmt. Med. Support	
Anger Management	Interested Court Mandated	
Domestic Violence (Check one Below)		
Offender Survivor	Interested Court Mandated	
Parenting Classes	Interested Court Mandated	
Special Groups (LGBTQ Education and Support)		
Other Support: _____		
Clothing DMV ID Fee Waiver Hygiene Kit Nonperishable Food	Computer Access Transportation Voter Registration	
Print Client Name	Client Signature	Date
Guardian/Referring Person/ Witness/Interpreter (Print Name)	Referring Person (Signature)	Date
Referring Person Email	Referring Person Phone Number	
Provider (Print Name)	Organization	