

Please send the completed form via email to [rocdoorsreferral@jcod.lacounty.gov](mailto:rocdoorsreferral@jcod.lacounty.gov)

Referral Source (Check one)	
Community	Internal (within CBO)      External CBO
First Name(as it appears in APS)	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)	

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	Housing: Emergency Shelter Interim Transitional Permanent	
High School/GED	Employment	
Family Reunification	Legal Aid	
Reentry Intensive Case Management		
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	Computer Access	
DMV ID Fee Waiver	Transportation	
Hygiene Kit	Voter Registration	
Print Client Name	Client Signature	Date
Guardian/Referring Person/ Witness/Interpreter (Print Name)	Guardian/Referring Person/ Witness/ Interpreter (Signature)	Date