

DOORS LB Community Referral Form/Self-Referral Form

Please send the completed form via email to DOORSLB@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)
Nonbinary	Trans Man (FTM)	Other
Prefer To Self Define		Prefer Not To Answer
Current/Former Foster Youth:		Yes No
Current/Former System-Impacted Youth:		Yes No
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
Primary Services		
Art Therapy		Child Support Services
Benefits: GR Medical Cal Fresh SSI/SSID		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 DMV ID Fee Waiver Hygiene Kit Child Care Support		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