

DATE: _____



County of Los Angeles Probation Department Operation READ



Department of Children and Family Services Referral

RE: **MINOR**

Last Name: _____ First Name: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

Phone # _____ - _____ - _____

School: _____ Grade: _____

To improve the minor’s reading, comprehension, writing and spelling literacy skills, the minor listed above is referred to participate in the Operation READ tutoring program for a minimum of 40 hours.

Operation READ tutoring services are available through the following community based organizations. Contact the program checked below for more information.

<input type="checkbox"/> District 1 – Chinatown Service Center 213-972-8840 Operation READ Coordinator 727 Broadway, Suite 211 Los Angeles, CA 90012	<input type="checkbox"/> District 2 – People Who Care 323-778-8905 ext 19 Operation READ Coordinator 1500 W. Slauson Ave Los Angeles, CA 90047
<input type="checkbox"/> District 3 – New Directions for Youth 818-375-1000 Operation READ Coordinator 7400 Van Nuys Blvd., Suite 203 Van Nuys, CA 91405	<input type="checkbox"/> District 4 – Long Beach BLAST 562-437-7766 Operation READ Coordinator 737 Pine Ave., Suite 201 Long Beach, CA 90813
<input type="checkbox"/> District 5 – Asian Youth Center 626-309-0425 Operation READ Coordinator 100 W. Clary Ave San Gabriel, CA 91776	

If you need further assistance, please contact the Operation READ Community Worker for your District:

<input type="checkbox"/> District 1 – Jizette Sadekyan (213) 703-7783	<input type="checkbox"/> District 2 – Maria Inostros (323) 219-1268
<input type="checkbox"/> District 3– DPOII – Mandi Antonovich (562) 505-3208	<input type="checkbox"/> District 4 – Clara Rodriguez (562) 477-0559
<input type="checkbox"/> District 5 – Rozanna Aleksanyan (626) 222-9524	<input type="checkbox"/> DPOII – Mandi Antonovich (562) 505-3208

TO: County of Los Angeles
Probation Department
Operation READ Program
9150 E. Imperial Hwy, Rm. P-94
Downey, CA 90242
(562) 940-3547 Office
(562) 803-3334 Fax

FROM: County of Los Angeles
Department of Children and Family Services
Children’s Social Worker
Name: _____
Phone # (_____)_____-_____