



DEPARTMENT OF CHILDREN AND FAMILY SERVICES

LGBTQ+ Tailored Services to Youth Program

Referral Form Instructions



1. **Discuss** – Have a conversation with the youth and their caretaker (if applicable) about the affirming services provided by the LGBTQ+ Program and ask whether they would like to be referred. Make sure they know that the program is voluntary, and the youth can stop services at any time.
2. **Consent** – Please note, the youth must consent to community partner contacting them to offer services and arrange an intake/assessment. If arrangements need to be made through a parent, guardian, caretaker, or resource parent, the youth must also consent for the community partner to contact, discuss, and arrange services through that person.
3. **Refer** – If services or an intake assessment is desired by the youth or family, complete the form below and email to the agency covering the Service Planning Area (SPA) in which the youth resides. Please CC Office of Equity LGBTQ+ Tailored Services Program Manager and Program Monitor (emails listed below).
4. **Update** – DCFS CSWs: Review the sexual orientation, gender identity, and gender expression (SOGIE) indicators in CWS/CMS and update according to youth's consent. For more information, follow procedural guides contained in the [DCFS LGBTQ+ policy- 1200-500.01, LGBTQ+ Children/Nonminor Dependents](#)
5. **Check-In** - Follow-up with referred youth within 5 business days to ensure they were contacted by the agency and are on track for services.

For any questions, please feel free to contact Office of Equity Program Support Manager, [Jessica Brown, brownj@dcs.lacounty.gov](mailto:brownj@dcs.lacounty.gov) or LGBTQ+ Program Monitor, [Alexsis Glenn, glenna@dcs.lacounty.gov](mailto:glenna@dcs.lacounty.gov)

LGBTQ+ Tailored Services to Youth Program Referral Form

Youth **MUST HAVE** a previous DCFS LA County Referral/Case and/or a currently open Referral/Case to be eligible to receive services. **(Box must be checked)**

CWS/CMS Referral/Case ID #:

DCFS Referral

Community Based Referral

Youth Self-Referral

Please complete all available information, if known

Date of Referral:

Regional Office:

Youth's Affirmed Name:

Legal Name (if different):

Date of Birth:

Pronouns: she/her/hers he/him/his they/them/theirs Other:

Address (currently residing):

Youth Contact Telephone #:

Current Caregiver Name:

Telephone #:

CSW Name:

Telephone #:

Supervising CSW Name:

Telephone #:

Youth must consent to confidential information being shared, including sexual orientation, gender identity, and gender expression (SOGIE). **Box must be checked to send and process referral.**

Youth consents to being contacted by community partner for assessment and participation in available services. **Box must be checked to send and process referral.**

Youth consents to community partner contacting current caregiver to discuss services and arrange an intake assessment with youth (if needed).

Send completed form according to Service Planning Area (SPA):

[Map of LA County SPAs](#)

SPAs 1, 7, and 8

Penny Lane Centers
Contact: Summer Gomez
Email: sugomez@pennylane.org
Phone: (818) 588-1583

SPA 2

The Help Group, Kaleidoscope
Contact: Jay Baldwin
Email: kaleidoscopedcfs@thehelpgroup.org
Phone: (818) 779-5229

SPAs 3 – 6

Los Angeles LGBT Center, RISE
Contact: Ariel Bustamante
Email: rise@lalgbtcenter.org
Phone: (323) 860-3626

*Please CC Office of Equity Program Support Manager, [Jessica Brown, brownj@dcfs.lacounty.gov](mailto:jessica.brown@dcfs.lacounty.gov) or LGBTQ+ Program Monitor, [Alexis Glenn, glenna@dcfs.lacounty.gov](mailto:alexis.glenn@dcfs.lacounty.gov) on all referrals submitted.

