## **LGBTQ+ Tailored Services to Youth Program Referral Form**

DCFS Referral		Co	Community Referral		Youth- Self Referral	
Please Complete All Available Information, If Known						
Date of Referral:		CSW	Regional Office:			
Youth's Preferred Name:						
Legal Name (if different):						
Date of Birth:			Pronouns:			
CWS/CMS Referral/Case #:						
Address (currently residing):						
Youth Contact Telephone #:						
Parent/Caregiver Name:			Telephone #:			
Children's Social Worker (CSW):			Telephone #:			
Supervising CSW:			Telephone #:			
Youth must consent to confidential information being shared, including Sexual Orientation and Gender Identity. Box must be checked to send referral.						
Youth consents to being services. Box must be cl	•		y partner for asse	essment	and participat	ion in available
Youth consents to agency contacting parent, guardian, caretaker, and resource parent in order to discuss services and arrange an intake assessment with youth (if needed).						
Send completed form accordin	g to Service Planr	ning Are	ea (SPA):			

## http://publichealth.lacounty.gov/ha/images/GIS MAPS/SPACitiesCommunities2011.pdf

Service Planning Areas 1 and 7

**Penny Lane Centers** 

Contact: Summer Gomez

Email: SuGomez@pennylane.org

T: (818) 588-1583

Service Planning Areas 3, 4, 5, and 6

The Los Angeles LGBT Center

Contact: Ariel Bustamante

Email: rise@lalgbtcenter.org

T: (323) 860-3626

Service Planning Area 2

The Help Group

Contact: Jeri Rochman

Contact. Jen Rochinan

Email: KaleidoscopeDCFS@thehelpgroup.org

T: 818-779-5229

Service Planning Area 8

The LGBTQ Center Long Beach

Contact: Joel Gemino

Email: <a href="mailto:youth@centerlb.org">youth@centerlb.org</a>
T: 562-434-4455 ext. 7008

Karla Hernandez, <a href="mailto:hernakf@dcfs.lacounty.gov">hernakf@dcfs.lacounty.gov</a>

<sup>\*</sup> Please CC on all referrals submitted: Jamie Estrada, <u>estraja@dcfs.lacounty.gov</u>

