LGBTQ+ Tailored Services to Youth and Families (TSY) Program
Referral Form Instructions

Please check eligibility box AND identify person seeking services

Type of Services:
☐ DCFS Referral ☐ Open Case Type: _____ ☐ Post-Case Services Type: _____

Participant: *Please complete one referral for each person requesting services*
☐ Youth seeking linkages to TSY services
☐ Caregiver and/or family members seeking linkage to TSY services: *Parents and caregivers may receive services with or without the youth's participation
☐ Companion Referral (List name of youth/ caregiver/ family member presently receiving services):

Referred by:
☐ DCFS ☐ Community Provider ☐ Youth Self-Referral ☐ Caregiver Self-Referral

☐ Participant must consent to confidential information being shared, including sexual orientation, gender identity, and gender expression (SOGIE).
☐ Participant 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) for Youth Services

Please complete all available information, if known

CWS/CMS Referral/Case ID #:

Date of Referral to TSY: Regional Office:

Youth Affirmed Name:

Youth Legal Name (if different):

Youth Date of Birth:

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

*Participant Name (if different from youth):

*Participant Relationship to Youth: ☐ self ☐ parent ☐ caregiver ☐ Other:

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

Participant Address (currently residing): Telephone #:

Current Caregiver/ Facility Name: Telephone #:

Facility Contact Name: Telephone #: E-mail:

CSW Name: Telephone #:

Supervising CSW Name: Telephone #:

Please CC LGBTQ+ Manager Jessica Brown, brownj@dcfs.lacounty.gov, and LGBTQ+ Program Advocate, Mel Boyajian boyajm@dcfs.lacounty.gov on all referrals.

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

Map of LA County SPAs

SPAs 1, 2, 7, 8
Penny Lane Center
Contact: Summer Gomez
E-mail: sugomez@pennylane.org
Phone: (818) 588-1583

SPAs 3-6
Los Angeles LGBT Center, RISE
Contact: Ariel Bustamante
E-mail: rise@lalgbtcenter.org
Phone: (323) 860-3626