

Drop-down list menu

Area Office
Antelope Valley
Antelope Valley AB109
Centinela
Crenshaw
East Los Angeles
East Los Angeles AB109
East San Fernando Valley
Firestone
Foothill
Foothill AB109
Harbor
Long Beach
Long Beach AB109
Pomona Valley
Pomona Valley AB109
Rio Hondo
Rio Hondo AB109
San Fernando Valley AB109
San Gabriel Valley
San Gabriel Valley AB109
Santa Monica
South Bay AB109
South Central
South Los Angeles AB109
West Los Angeles AB109

Gender
Male
Female
M-Trans
F-Trans

Language
English
Spanish

Race
African American
Alaska Native
American Indian
Asian
Caucasian
Hawaiian
Hispanic/Latinx
Other Pacific Islander
Other/Not Specified

Provider
2 nd Call
Families Uniting Families
Streetcraft LA
TRIBE
WINTER
R-ICMS

Outcome	description
Declined	Client declined/not interested in services
Enrolled	Enter enrollment/end dates
Ineligible	Client does not meet criteria (specify in notes)
Unreachable	Unable to contact client (no/bad #, unreturned voicemail, etc.)
Voicemail	Left voicemail/message
Wrong #	No working contact number (contact RUU for assistance)

D.O.O.R.S

COMMUNITY REFERRAL FORM

PLEASE SEND THE COMPLETED FORM VIA EMAIL TO : evelyn@lareentry.org

Please complete **ALL** fields in Sections 1-3 on the referral form to the best of your ability. If you are completing this referral form on behalf of someone, please print and/or sign your name at the bottom of referral as prompted. All referrals will be reviewed, processed and distributed within 48 hours of receipt. If you have any questions, please call (323) 730-4442 for further assistance.

1. CLIENT INFORMATION (ALL FIELDS MUST BE COMPLETED or use N/A if non-applicable)				
First, Mid, Last Name (as it appears in APS)	Primary Phone Number	Email	Date	Status (check one)
				<input type="checkbox"/> Existing Client <input type="checkbox"/> Internal Referral <input type="checkbox"/> Re-Activate Referral
Address (No., Direction, Street, Type, Apt/Ste, City, State) or "homeless"		Zip Code	SSN	Date of Birth
Enter full address or 'homeless'				
Gender		Race		Probation/Parole
<input type="checkbox"/> Male <input type="checkbox"/> M to F - Transgender <input type="checkbox"/> Female <input type="checkbox"/> F to M - Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not To State	<input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic, Latino, or Spanish <input type="checkbox"/> White	<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	X- Number
2. PROBATION REFERRAL OFFICE (Only Complete if on Active Probation/Supervision)				
<input type="checkbox"/> Antelope Valley	<input type="checkbox"/> Firestone	<input type="checkbox"/> Pomona Valley AB109	<input type="checkbox"/> South Bay AB109	
<input type="checkbox"/> Antelope Valley AB109	<input type="checkbox"/> Foothill	<input type="checkbox"/> Rio Hondo	<input type="checkbox"/> South Central	
<input type="checkbox"/> Centinela	<input type="checkbox"/> Foothill AB109	<input type="checkbox"/> Rio Hondo AB109	<input type="checkbox"/> South Los Angeles AB109	
<input type="checkbox"/> Crenshaw/ROC	<input type="checkbox"/> Harbor	<input type="checkbox"/> San Fernando Valley AB109	<input type="checkbox"/> West Los Angeles AB109	
<input type="checkbox"/> East Los Angeles	<input type="checkbox"/> Long Beach	<input type="checkbox"/> San Gabriel Valley		
<input type="checkbox"/> East Los Angeles AB109	<input type="checkbox"/> Long Beach AB109	<input type="checkbox"/> San Gabriel Valley AB109		
<input type="checkbox"/> East San Fernando Valley	<input type="checkbox"/> Pomona Valley	<input type="checkbox"/> Santa Monica		
3. SERVICE(S) REQUESTED (Mark All that Apply)				
<input type="checkbox"/> Art Therapy	<input type="checkbox"/> Family Reunification	<input type="checkbox"/> Other: _____		Ancillary Services
<input type="checkbox"/> Benefits (SSI, GR, Cal Fresh, Medical)	<input type="checkbox"/> Financial Literacy	Social Skills Classes		<input type="checkbox"/> Clothing
<input type="checkbox"/> Case Management	<input type="checkbox"/> Housing (Crisis Stabilization)	<input type="checkbox"/> Anger Management	<input type="checkbox"/> Computer Access	
<input type="checkbox"/> Child Support Services	<input type="checkbox"/> Legal Aid	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Non Perishable Food	
<input type="checkbox"/> Education (High School/GED)	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Parenting Classes	<input type="checkbox"/> Hygiene/Safety Kit	
<input type="checkbox"/> Employment (Chrysalis)	<input type="checkbox"/> Substance Abuse Screening	<input type="checkbox"/> Specialty Groups (LGBTQ Education and Support)	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Employment (INVEST/WDACS)	<input type="checkbox"/> Voter Registration			
4. DOORS PROVIDER (For Assigned Provider USE ONLY)				
Organization Name	Provider Name	Provider Phone	Provider Email Address	Date Referral Received
Declined Services		Scheduled for Return		Enrolled
Referred to other DOORS Services				
Date: _____	Date: _____	Date: _____	Date: _____	
Notes (Please include summary of contact and include engagement efforts, scheduled appointments for orientation or classes, enrollment or declining of services:				

_____ Referring Person/Witness/Interpreter (Print Name)	_____ Referring Person/Witness/Interpreter (Signature)	_____ Date
---	--	---------------