

DOORS Community Referral Form/Self-Referral Form

Please send the completed form via email to evelyn@lareentry.org

INTERNAL REFERRAL

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)
				☐ New Referral ☐ Re-Activate Referral ☐ Special Circumstances
Address (No., Direction, Street, Type, Apt/Ste, City, State) or "homeless"	Zip Code	SSN	Date of Birth	Referral Type (check one)
				☐ Community ☐ LARRP ☐ Other
Gender	Race	Probation/Parole		
☐ Male ☐ Female ☐ Non-Binary	Black or African American Hispanic, Latino, or Spanish White	☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other	☒ Adult ☐ Juvenile	X- Number

2. PROBATION REFERRAL OFFICE (Only Complete if on Active Probation)

☐ Antelope Valley ☐ Antelope Valley AB109 ☐ Centinela ☐ Crenshaw/ROC ☐ 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	4. CLIENT HAS (Check Applicable) ☐ Is Homeless ☐ Is a Veteran ☐ Is a Parent ☐ Is Employed ☐ Has Valid CA Drivers Lic. ☐ Valid CA ID ☐ High School Diploma/GED
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3. SERVICE(S) REQUESTED (Mark All that Apply)

☐ Art Therapy ☐ Benefits (SSI, GR, Cal Fresh, Medical) ☐ Case Management ☒ Child Support Services ☐ High School/GED ☐ Employment (Chrysalis) ☐ Employment (INVEST/WDACS) ☐ Voter Registration	☒ Family Reunification ☐ Financial Literacy ☐ Housing ☐ Legal Aid ☐ Mental Health (Behav. Mgmt.) ☐ Mental Health (Med. Support) ☐ Substance Abuse	☐ Other: _____ Social Skills Classes ☐ Anger Management ☐ Domestic Violence ☐ Batterer ☐ Survivor ☐ Parenting Classes ☐ Court Mandated (Check if mandated*) ☐ Specialty Groups (LGBTQ Education and Support)	Ancillary Services ☐ Clothing ☐ Computer Access ☐ Non Perishable Food ☐ Hygiene Kit ☐ Transportation ☐ DMV ID Waiver
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Notes (Please include summary of contact and include engagement efforts, scheduled appointments for orientation or classes, enrollment or declining of services:

Print Client Name (if 18 years or older)

Client Signature (if 18 years or older)

Date

Referring Person Telephone Number

Print Parent/Legal Guardian Name
(if client is under 18 years old)

Parent/Legal Guardian Signature
(if client is under 18 years old)

Date

Referring Provider Email

Referring Person/Witness/Interpreter

(Print Name) Revised:

January 5, 2023

Referring Person/Witness/Interpreter
(Signature)

Date