

DOORS Community Referral Form/Self-Referral Form

Please send the completed form via email to rocdorsreferral@jcod.lacounty.gov

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)
				<input type="checkbox"/> New Referral <input type="checkbox"/> Re-Activate Referral <input type="checkbox"/> Special Circumstances
Address (No., Direction, Street, Type, Apt/Ste, City, State) or "homeless"		Zip Code	SSN	Date of Birth
				Referral Type (check one)
				<input type="checkbox"/> Community <input type="checkbox"/> LARRP <input type="checkbox"/> Other
Gender	Race		Probation/Parole	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<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)

<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	

4. CLIENT HAS (Check Applicable)

<input type="checkbox"/> Is Homeless
<input type="checkbox"/> Is a Veteran
<input type="checkbox"/> Is a Parent
<input type="checkbox"/> Is Employed
<input type="checkbox"/> Has Valid CA Drivers Lic.
<input type="checkbox"/> Valid CA ID
<input type="checkbox"/> High School Diploma/GED

3. SERVICE(S) REQUESTED (Mark All that Apply)

<input type="checkbox"/> Art Therapy <input type="checkbox"/> Benefits (SSI, GR, Cal Fresh, Medical) <input type="checkbox"/> Case Management <input type="checkbox"/> Child Support Services <input type="checkbox"/> High School/GED <input type="checkbox"/> Employment (Chrysalis) <input type="checkbox"/> Employment (INVEST/WDACS) <input type="checkbox"/> Voter Registration	<input type="checkbox"/> Family Reunification <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Housing <input type="checkbox"/> Legal Aid <input type="checkbox"/> Mental Health (Behav. Mgmt.) <input type="checkbox"/> Mental Health (Med. Support) <input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Other: _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> Social Skills Classes <input type="checkbox"/> Anger Management <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Batterer <input type="checkbox"/> Survivor <input type="checkbox"/> Parenting Classes <input type="checkbox"/> Court Mandated (Check if mandated*) <input type="checkbox"/> Specialty Groups (LGBTQ Education and Support) </div>	Ancillary Services <input type="checkbox"/> Clothing <input type="checkbox"/> Computer Access <input type="checkbox"/> Non Perishable Food <input type="checkbox"/> Hygiene Kit <input type="checkbox"/> Transportation <input type="checkbox"/> DMV ID Waiver
--	--	--	---

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:

April 23, 2023

Referring Person/Witness/Interpreter
(Signature)

Date