

## Referral to Family Solutions Centers

*Directions: Complete this form and fax or email it to the Family Solutions Center closest to the family's community of origin, the children's school, close to family/friends, etc.*

### Family Solutions Centers

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Valley Oasis - Antelope Valley</b><br>Service Planning Area 1<br>Email: <a href="mailto:cesfamilies@avdvc.org">cesfamilies@avdvc.org</a><br>Fax: (661) 942-2079       | <input type="checkbox"/> <b>LA Family Housing - San Fernando Valley</b><br>Service Planning Area 2<br>Email: <a href="mailto:referrals@lafh.org">referrals@lafh.org</a><br>Fax: (818) 982-3895                              | <input type="checkbox"/> <b>Union Station Homeless Services - San Gabriel Valley</b><br>Service Planning Area 3<br>Email: <a href="mailto:fscreferral@unionstationhs.org">fscreferral@unionstationhs.org</a><br>Fax: (626) 283-5146 |
| <input type="checkbox"/> <b>PATH - Central Los Angeles</b><br>Service Planning Area 4<br>Email: <a href="mailto:familyreferral@epath.org">familyreferral@epath.org</a><br>Fax: (323) 395-5547     | <input type="checkbox"/> <b>St. Joseph Center- West Los Angeles</b><br>Service Planning Area 5<br>Email: <a href="mailto:cesreferrals@stjosephctr.org">cesreferrals@stjosephctr.org</a><br>Fax: (310) 392-8402              | <input type="checkbox"/> <b>SSG/HOPICS - South Los Angeles</b><br>Service Planning Area 6<br>Email: <a href="mailto:fsc@hopics.org">fsc@hopics.org</a><br>Fax: (323) 432-4398   |
| <input type="checkbox"/> <b>The Whole Child - East Los Angeles</b><br>Service Planning Area 7<br>Email: <a href="mailto:FRT@thewholechild.info">FRT@thewholechild.info</a><br>Fax: (562) 204-0654 | <input type="checkbox"/> <b>Harbor Interfaith Services - South Bay</b><br>Service Planning Area 8<br>Email: <a href="mailto:fscreferrals@harborinterfaith.org">fscreferrals@harborinterfaith.org</a><br>Fax: (310) 684-4031 |   |

### Family Information

Head of Household Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Number in Household: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_ Age of Children: \_\_\_\_\_

### Referral Information

*Reason for Referral (check only one):*

Family has identified permanent housing and needs move-in assistance.

Family is literally homeless and in need of assistance with crisis housing and permanent housing.

Family must vacate current crisis housing program. Anticipated move-out date: \_\_\_\_\_

Family is imminently at-risk of homelessness.

*Reason for Referral to FSC above (check only one):*

Most geographically relevant FSC based on guidelines above.

Concerns for family safety and well-being necessitate housing in different geographic area. Describe concerns in the 'Additional Information' box below.

### Referring Agency Information

Referring Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

\_\_\_\_\_ Date of Referral: \_\_\_\_\_

Agency Type:  Crisis Housing Provider  Social Service Agency  Other (specify): \_\_\_\_\_

### Additional Information

*Please provide any additional information such as the current housing plan or special language needs:*

\_\_\_\_\_

\_\_\_\_\_

### FSC Use Only

Date Received: \_\_\_\_\_ Date/Time of Assessment: \_\_\_\_\_