Volunteers of America
GREATER LOS ANGELES
www.voala.org

Outreach Referral Form

REFERRING AGENCY/CONTACT TYPE				Date:
Contact Method:	☐ Outreach ☐ Walk-in ☐ Called ☐ Social Media:	☐ Emailed ☐ Referral ☐ Follow-up	**Referred By** (Name & Agency):	**Referrer Phone:**
			E-Mail:	

PERSONAL INFORMATION			
Name:	**DOB:**	**Age:**	**Gender:**
Race: ☐ Am. Indian ☐ Asian ☒ Black ☐ Latino/a ☐ White ☐ Other:		**Total Monthly Income:** $	
Address:	**City:**	Source:	$
Phone:	**Email:**	Source:	$
Anyone else we can contact to get a hold of you? (Name, phone, e-mail)		Source:	$
		Source:	$
Which Social Media Sites do you use?	**Twitter: @**	**May we contact you through Social Media?** Yes ☐ No ☐	
	Instagram:		
☐ **Homeless** First time? Yes ☐ No ☐		**Type of Client:** ☐ Single Adult ☐ Family ☐ Unaccompanied Minor	
Length of Homeless:		**Foster Care?** ☐ Yes ☐ No	
☐ **At risk of becoming homeless**			
LGBTQ? ☐ Yes ☐ No	**Interested in LGBTQ Specific Services?** ☐ Yes ☐ No		

PHYSICAL DESCRIPTION (IF HOMELESS)			
Height:	Weight:	Eye Color:	Hair Color:
Hair length/style:	Body Type (slim/heavy set):		
Other (tattoos, visible disabilities, hat, shopping cart or stroller):			
If Homeless - Last Location Seen (best place to find you):			

RESOURCES NEEDED	
☐ **Mainstream Benefits** ☐ Medical ☐ Visual ☐ Dental ☐ Income Support	☐ **Identification Needs** ☐ Birth Cert. ☐ SS Card ☐ Driver's License ☐ ID
☐ **Food** ☐ Emergency Food ☐ Cal Fresh	☐ **Victim Assistance/ Human Trafficking**
☐ **Employment** ☐ **Job Development**	☐ **Clothing**
☐ **Housing Assist.** ☐ Single ☐ Family ☐ Next Step ☐ CES	☐ **Medical Services** ☐ Physical ☐ Mental Health
☐ **Emergency Shelter** ☐ Single ☐ Family	☐ **Substance Abuse**
☐ **Domestic Violence**	☐ **Safer Sex Kit** ☐ **Hygiene Products**
☐ **Peer/Support Groups**	☐ **Family Services** (Counseling, child care/support)
☐ **Legal Services** (Citation Tickets, undocumented, labor, etc.)	#of Children: Ages of Children:
☐ **Education**	**Other:**:currently staying in car with partner (22 ye

Contact us at
Hotline and non-emergency number | jnelson@voala.org

Office Use	Date entered:
	Entered by:

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TRANSPORTATION	
Pick up address:	**Pick-up Date**:
	Pick-up Time:
Drop off address:	**Roundtrip?** Yes ☐ No ☐
	Transportation Duration:
Other Information: (Other addresses, expected round trip wait time)	

CASE NOTES:

REFERRALS			
Date	Agency/Program	Contact Person	Contact Info

Staff Information	
Total Time Spent with client:	Names of Staff who Provided Services:

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