

Referral to Family Solutions Centers

Complete this form and email or fax to the FSC closest to the family's community of origin, the children's school, close to family/friends, etc.

Family Solutions Centers

- | | | |
|---|---|---|
| <input type="checkbox"/> Valley Oasis – Lancaster
Service Planning Area 1
Email: cesfamilies@avdvc.org
Fax: (661) 942-2079 | <input type="checkbox"/> LA Family Housing – San Fernando Valley
Service Planning Area 2
Email: familyreferrals@lafh.org
Fax: (818) 982-3895 | <input type="checkbox"/> Union Station Homeless Services - San Gabriel Valley
Service Planning Area 3
Email: fscreferral@unionstationhs.org
Fax: (626) 283-5146 |
| <input type="checkbox"/> PATH – Metro
Service Planning Area 4
Email: familyreferral@epath.org
Fax: (323) 395-5547 | <input type="checkbox"/> St. Joseph Center - West
Service Planning Area 5
Fax: (310) 392-8402
Email: CVelez@stjosephctr.org | <input type="checkbox"/> SSG/HOPICS - South Los Angeles
Service Planning Area 6
Email: fsc@hopics.org
Fax: (323) 432-4398 |
| <input type="checkbox"/> The Whole Child – East
Service Planning Area 7
Email: FRT@thewholechild.info
Fax: (562) 204-0654 | <input type="checkbox"/> Harbor Interfaith Services - South Bay/San Pedro
Service Planning Area 8
Email: ranghileri@harborinterfaith.org
Fax: (310) 831-1997 | |

Family Information

Head of Household Name: _____

Contact Number: _____ Number in household: _____

Total Monthly Income: _____ Anticipated Shelter Move-Out Date: _____

Screening Completed: Yes No Assessment (VI-FSPDAT) Completed: Yes No

Clarity (HMIS) ID: _____

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.
- Family is imminently at-risk of homelessness.
- Family identified Diversion Opportunity.

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 Below.

Referring Agency Information

Referring Agency: _____ Date of Referral: _____

Address: _____ Contact Person: _____

_____ Contact Number: _____

Agency Type: Crisis Housing Provider Social Service Agency DMH Other(specify) _____

Additional Information

Please provide any additional information such as the current housing plan, special language needs, HMIS ID, Diversion or Prevention Assistance:

FSC Use Only

Date Received: _____ Date/Time of Assessment: _____