

# DOORS Community Referral Form/Self-Referral Form

Please send the completed form via email to [rocdorsreferral@jcod.lacounty.gov](mailto: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	X- Number
<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	

## 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"/> Family Reunification	<input type="checkbox"/> Other: _____	<b>Ancillary Services</b>
<input type="checkbox"/> Benefits (SSI, GR, Cal Fresh, Medical)	<input type="checkbox"/> Financial Literacy		
<input type="checkbox"/> Case Management	<input type="checkbox"/> Housing		<input type="checkbox"/> Clothing
<input type="checkbox"/> Child Support Services	<input type="checkbox"/> Legal Aid		<input type="checkbox"/> Computer Access
<input type="checkbox"/> High School/GED	<input type="checkbox"/> Mental Health (Behav. Mgmt.)		<input type="checkbox"/> Non Perishable Food
<input type="checkbox"/> Employment (Chrysalis)	<input type="checkbox"/> Mental Health (Med. Support)		<input type="checkbox"/> Hygiene Kit
<input type="checkbox"/> Employment (INVEST/WDACS)	<input type="checkbox"/> Substance Abuse		<input type="checkbox"/> Transportation
<input type="checkbox"/> Voter Registration			<input type="checkbox"/> DMV ID Waiver

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)

**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