



DEPARTMENT OF CHILDREN AND FAMILY SERVICES
LGBTQ+ Tailored Services to Youth Program
Referral Form Instructions



1. **Discuss** - Have a conversation with the youth and their caretaker (if applicable) about the affirming services provided by the LGBTQ+ Program and ask whether they would like to be referred. Make sure they know that the program is voluntary and the youth can stop services at any time.

2. **Consent** - Please note, the youth must consent to agency contacting them to offer services and arrange an intake/assessment.

If arrangements need to be made through a parent, guardian, caretaker, or resource parent, the youth must additionally consent for the agency to contact, discuss, and arrange services through that person.

3. **Refer** - If services or an intake assessment is desired, complete the below form and email to the agency covering the Service Planning Area in which the youth resides. Please CC Jamie Estrada (email listed below).

4. **Update** - DCFS CSWs:

Review the Sexual Orientation and Gender Identity indicators in CWS/CMS and update according to youth's consent. For more information, follow procedural guides contained in the DCFS LGBTQ+ policy:

[1200-500.01, LGBTQ+ Children/Non-minor Dependents](#)

5. **Check in** - Follow-up with referred youth in 5 business days to ensure they were contacted by the agency and are on track for services.

If you have any questions, please feel free to contact LGBTQ+ Program Manager Jamie Estrada, estraja@dcfs.lacounty.gov.

LGBTQ+ Tailored Services to Youth Program Referral Form

DCFS Referral

Community Referral

Youth- Self Referral

Please Complete All Available Information, If Known

Date of Referral:

CSW Regional Office:

Youth's Preferred Name:

Legal Name (if different):

Date of Birth:

Pronouns:

CWS/CMS Referral/Case #:

Address (currently residing):

Youth Contact Telephone #:

Parent/Caregiver Name:

Telephone #:

Children's Social Worker (CSW):

Telephone #:

Supervising CSW:

Telephone #:

- Youth must consent to confidential information being shared, including Sexual Orientation and Gender Identity. **Box must be checked to send referral.**
- Youth consents to being contacted by community partner for assessment and participation in available services. **Box must be checked to send referral.**
- Youth consents to agency contacting parent, guardian, caretaker, and resource parent in order to discuss services and arrange an intake assessment with youth (if needed).

Send completed form according to Service Planning Area (SPA):

http://publichealth.lacounty.gov/ha/images/GIS_MAPS/SPACitiesCommunities2011.pdf

Service Planning Areas 1 and 7

Penny Lane Centers

Contact: Summer Gomez

Email: SuGomez@pennylane.org

T: (818) 588-1583

Service Planning Area 2

The Help Group

Contact: Jeri Rochman

Email: KaleidoscopeDCFS@thehelpgroup.org

T: 818-779-5229

Service Planning Areas 3, 4, 5, and 6

The Los Angeles LGBT Center

Contact: Ariel Bustamante

Email: rise@lalgbtcenter.org

T: (323) 860-3626

Service Planning Area 8

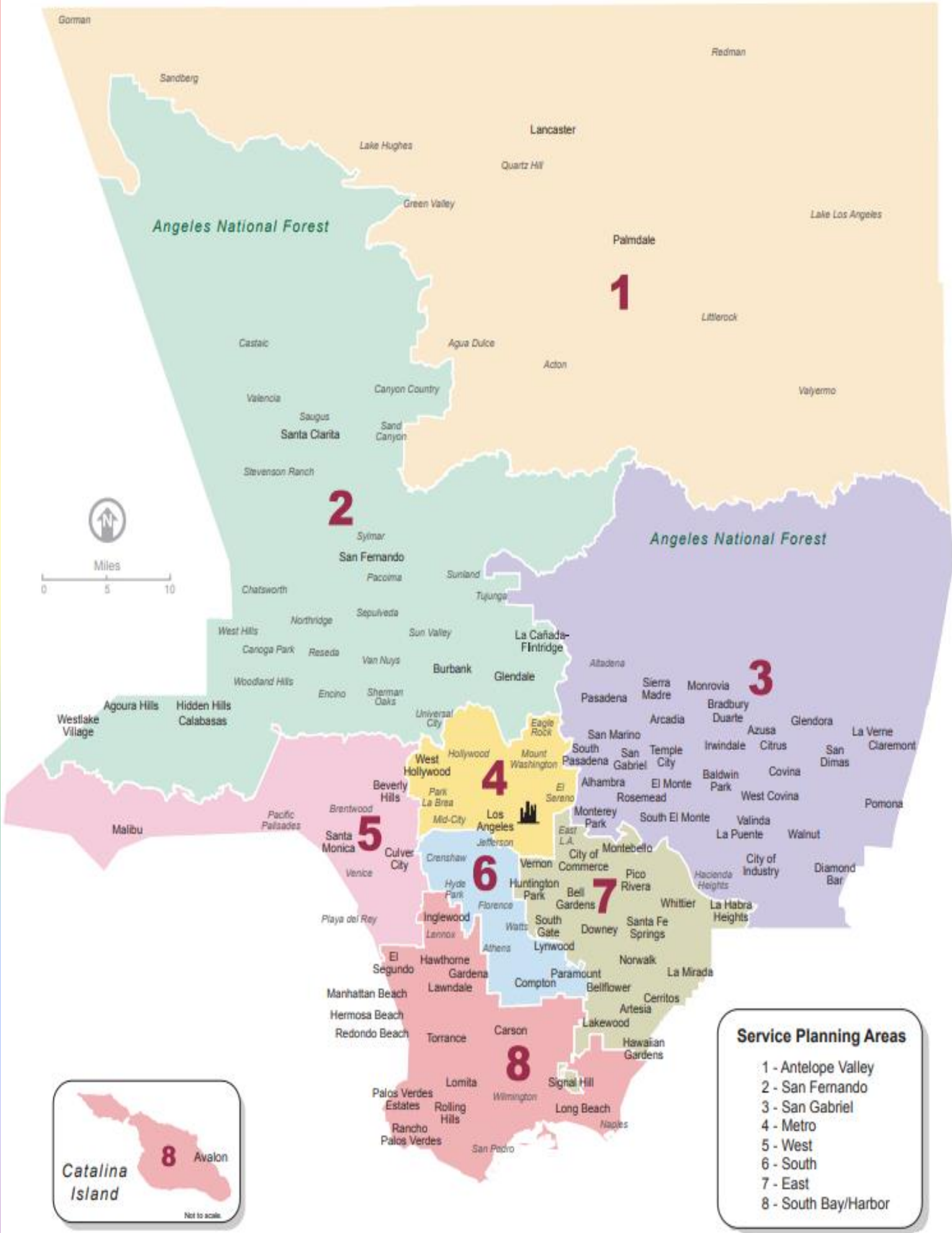
The LGBTQ Center Long Beach

Contact: Joel Gemino

Email: youth@centerlb.org

T: 562-434-4455 ext. 7008

* Please CC on all referrals submitted: Jamie Estrada, estraja@dcfs.lacounty.gov



Service Planning Areas

- 1 - Antelope Valley
- 2 - San Fernando
- 3 - San Gabriel
- 4 - Metro
- 5 - West
- 6 - South
- 7 - East
- 8 - South Bay/Harbor