



Foster Children's Resource Center is There to Help

**Social Workers—Please refer children to the
Foster Children's Resource Center (FCRC).**

The FCRC serves children of families from or in the San Fernando or Santa Clarita Valleys who are supervised by DCFS social workers.

The volunteers at the FCRC:

- ♥ **Serve children from newborn to 18 years of age**
- ♥ **Give *new* clothing, such as undergarments, socks, jeans, jackets, shirts, sweat suits, school uniforms to each child**
- ♥ **Provide age-appropriate school supplies, books and toys**
- ♥ **Provide layettes for newborn babies**

The FCRC is open Tuesday, and Thursday and Saturday. The children may come to the Center *every six months* for clothing. A caregiver must call the Center to make an appointment, and must bring the children **and the DCFS form** from the social worker (*signed in blue ink*). A licensed foster parent doesn't need the DCFS form/referral, and may contact us directly.

We serve *all children under your supervision*—HOP, legal guardian, emergency response, family preservation, relative care, and foster children who are *not FFA or not in a group home*.

We need your referrals so we can help these kids!

Foster Children's Resource Center
19441 Business Center Drive #101
Northridge, CA 91324
818-701-0506

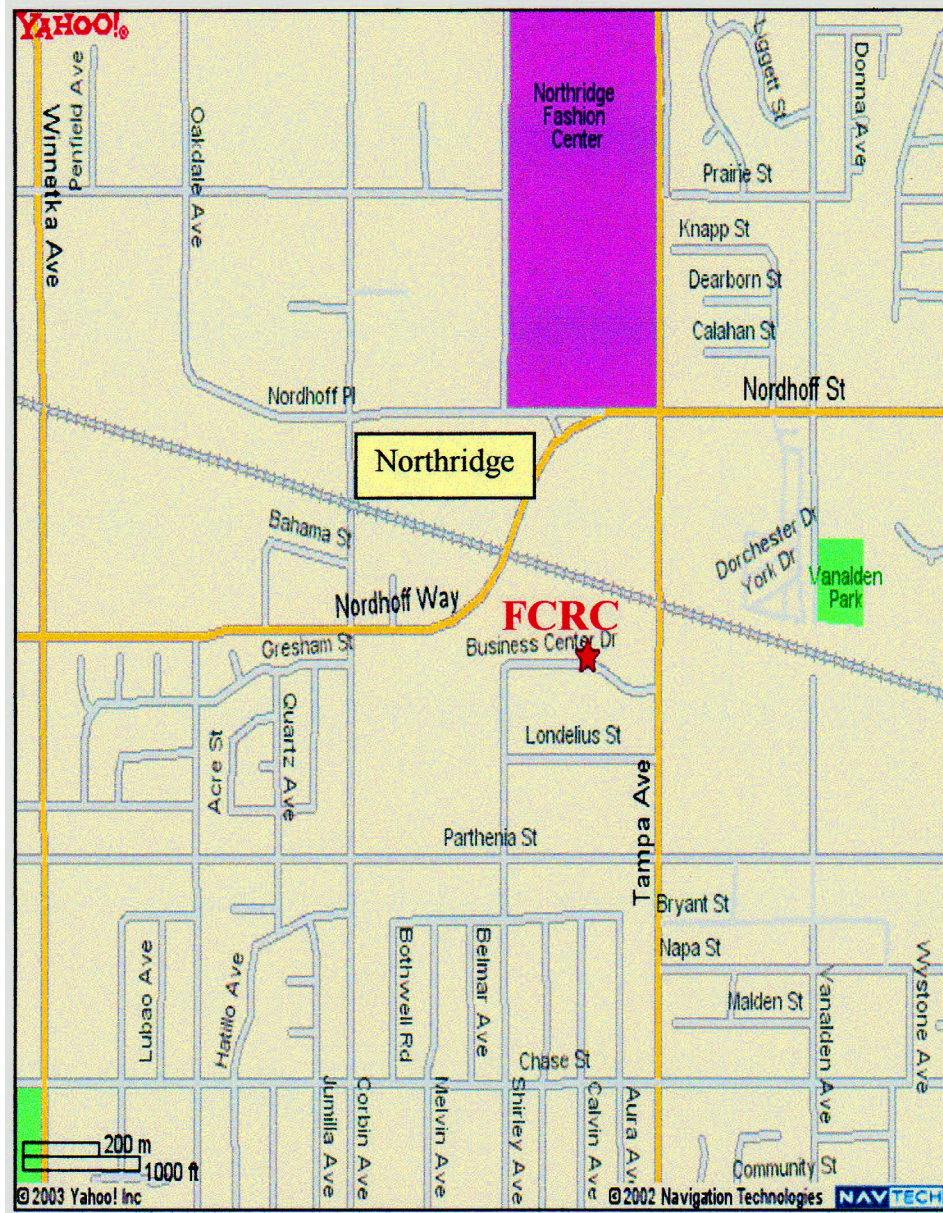
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Santa Clarita Valley



Chatsworth

Granada Hills



Calabasas
 Canoga Park
 Hidden Hills
 Reseda
 West Hills
 Woodland Hills

Arleta
 Burbank
 Encino
 Lake View Terr.
 Mission Hills
 No. Hollywood
 Pacoima
 Panorama City
 San Fernando
 Sepulveda
 Sherman Oaks
 Studio City
 Sunland
 Sun Valley
 Sylmar
 Tarzana
 Toluca Lake
 Tujunga
 Van Nuys

Bus Stops

Tampa and Parthenia
 Tampa & Nordhoff
 Tampa near railroad tracks

Areas served -



PHILIP L. BROWNING
Director

County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

REFERRAL FORM FOR FOSTER CHILDREN'S RESOURCE CENTER

To make an appointment, Call (818) 701-0506
The address is 19441 Business Center Dr. Unit 101, Northridge, CA 91324
(Caregiver: You must bring this form and the child(ren) with you)
Please be sure to use [blue ink](#) to complete and sign the referral form.

I am referring the _____ family to the
Foster Children's Resource Center for children's clothing.

There are _____ eligible children in the family.

1. SEX: _____	AGE: _____	BIRTHDATE: _____
2. SEX: _____	AGE: _____	BIRTHDATE: _____
3. SEX: _____	AGE: _____	BIRTHDATE: _____
4. SEX: _____	AGE: _____	BIRTHDATE: _____
5. SEX: _____	AGE: _____	BIRTHDATE: _____
6. SEX: _____	AGE: _____	BIRTHDATE: _____
7. SEX: _____	AGE: _____	BIRTHDATE: _____

The program designation is: (check one)

<input type="checkbox"/> HOP/AFDC	<input type="checkbox"/> License Foster Care (No FFAS)
<input type="checkbox"/> Relative Caretaker	<input type="checkbox"/> Family Preservation
<input type="checkbox"/> Guardianship	

Children Social Worker Name & Phone #:
Date:
CWS's Signature:
Phone #:
Office Location: <u>DCFS- VAN NUYS</u>

Lovette Panther-Gerst, SCSW & MBA
Resource Coordinator
Zev Yaroslavsky Family Support Center
7555 Van Nuys Blvd
Van Nuys, CA 91405
(818) 904-8300 MAIN#
(818) 904-8481

Revised 02/12/2016



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REFERENCIA PARA EL CENTRO DE RECURSOS PARA NIÑOS DE CUIDADO

Para hacer una cita llame al (818) 701-0506
La dirección es 19451 Business Center Dr. #101 Northridge, CA 91324
(Padres ó Padres de Crianza: Tendran que traer esta carta y los niños a la cita)
Por favor de usar [tinta azul](#) para completar y firmar esta referencia.

Estoy refiriendo a la familia _____ al **CENTRO DE RECURSO PARA NIÑOS DE CUIDADO** para ropa de niños.

En la familia hay _____ niños que son **ELEGIBLE**.

1.	SEXO: _____	EDAD: _____	FECHA DE NACIMIENTO: _____
2.	SEXO: _____	EDAD: _____	FECHA DE NACIMIENTO: _____
3.	SEXO: _____	EDAD: _____	FECHA DE NACIMIENTO: _____
4.	SEXO: _____	EDAD: _____	FECHA DE NACIMIENTO: _____
5.	SEXO: _____	EDAD: _____	FECHA DE NACIMIENTO: _____
6.	SEXO: _____	EDAD: _____	FECHA DE NACIMIENTO: _____
7.	SEXO: _____	EDAD: _____	FECHA DE NACIMIENTO: _____

La designación del programa es:

_____ HOP/AFDC	_____ Casa de crianza con licencia (No FFA's)
_____ Guardian Relativo	_____ Preservación Familiar
_____ Guardian Legal	

Trabajador Social:
La Fecha:
Firma del Trabajador Social:
Telefono del Trabajador Social:
Localidad de oficina: <u>DCFS-VAN NUYS</u>

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