



RISE Care Coordination Referral Form

About RISE

The RISE (Recognize, Intervene, Support, & Empower) Care Coordination Team (CCT) is a Child & Family Team that is committed to increasing the safety, well-being, and permanency of Lesbian, Gay, Bisexual, Transgender, Queer, Questioning (LGBTQ+) and Gender Non-Conforming (GNC) children and youth.

Services are Designed to: (1) Increase support and acceptance in families- biological, extended, chosen, foster - with LGBTQ+ and GNC children/youth (2) Promote self-esteem and wellness for LGBTQ+ and GNC children/youth (3) Achieve and sustain permanent relationships with kin, adoptive, and chosen families (4) Provide culturally competent education to professionals responsible for the care of LGBTQ+ and GNC children/youth.

Eligibility: LGBTQ+ and/or GNC children/youth age 5 - 17 years old who reside or are placed in LA County and who have an open Los Angeles County DCFS case.

Referral Guidelines

1. Services are pro bono and not income dependent. Child/youth may be self-referred, or referred by a natural support or provider engaged in service provision. All services are voluntary.
2. This form assists you in determining eligibility criteria for RISE. The first step in determining eligibility is having a discussion with the child/youth that you think may benefit from RISE services. The discussion guide (see Child or Youth Discussion Guide) will help you talk with the child or youth about their identity and feelings.
3. Please complete each section of this form. Information will be used by RISE CCT to further determine eligibility criteria and to determine methods for contacting the child/youth that will not put the child/youth at risk
4. **Once the form is complete (return/mail/fax - choosing the most secure method vs. the most efficient) to:**

Youth & Family Connections Manager: Joann Cerda
Email: jcerda@lalgbtcenter.org
Fax: 323 - 308-1264
Phone: 323-860-3632

Please make sure to provide the best contact information at the top of the page. Also, if you have anticipated time off, please indicate an alternate contact at the top of this page to ensure there will be no delays in the referral process.



Child/Youth Discussion Guide

If the child/youth has previously talked to you about their gender identity, gender non-conforming behavior, and/or questions they have had about LGBTQ+ romantic attraction, use these prompts:

"Thank you for sharing your feelings with me. By sharing, you have helped me to look for services that will best support you. There is a program called RISE, which may help you further explore or answer questions you have about your identity. I'd like to share your information with the program staff. All of your sexual orientation, gender identity, and gender expression (SOGIE) information will be kept confidential between myself and the team. Would that be okay?"

If another person (e.g. child's attorney, child's caretaker, group home staff) has disclosed that the child/youth is displaying gender non-conforming behavior or is questioning their sexual orientation, gender identity, and gender expression (SOGIE) you can use these prompts to explore the child/youth's feelings:

Gender Non-Conforming:

"Some children/youth like to wear clothes, play with toys, and/or participate in activities that other people say are for _____ (another gender identity). Do you like to do some of these things? Do others (adults and/or children/youth) make you feel bad or tell you it's wrong to do these things?"

Questioning or out as LGBTQ+:

"As you grow older, you may start to have crushes on other people. Sometimes people are attracted to people of another gender (e.g. girls + boys), other times they have crushes on people like them (e.g. boys + boys, girls + girls, etc.). People may even have crushes on different people (e.g. boy + girls and boys), and sometimes we may not be sure who we might have crushes on if they are like us. It can be hard to talk about, because we're usually taught that boys are only supposed to like girls, and girls are only supposed to like boys. I was wondering if you've ever felt like you've had a crush on another _____?"

Questioning or out as transgender:

"As we grow older, we start to have a better sense of who we are in lots of different ways. For example, we start to understand if we are a boy, a girl, or something else. It can be hard to talk about, because we're usually taught that we're either a boy or a girl, and that that is based on the body we have. When you think about who you are, have you felt like you're not a _____ (boy/girl)?"

[Child/youth confirms whether or not the question(s) apply. If there is any affirmative answer, verbal or non-verbal, proceed.]

"Thank you for sharing that with me, I know that it may have been hard for you to talk to me about this. As someone who cares about you, I am here to find the support that you need. There is a program called RISE, which may help you further explore or answer questions you have about your identity. I'd like to share your information with the program staff. All of your sexual orientation, gender identity, and gender expression (SOGIE) information will be kept confidential between myself and the team. Would that be okay?"



Care Coordination Team Referral Form

Referral Date: CWS/CMS Child ID: CWS/CMS CASE ID:

Client Information

First Name: MI: Last Name:

Preferred Name: Date of Birth:

Legal/Assigned Sex:

Male Female
 Non-binary

The following SOGIE demographics are based on the client's disclosure not the referrer's interpretation

Gender Identity:

Select all that apply

Boy Girl Genderqueer Unsure Other:

Is the child/youth transgender?

Yes No Unsure

Gender Expression:

check all that apply

Masculine Feminine Androgynous Unsure Other:

Is the child/youth gender non-conforming? Yes No Unsure

Sexual Orientation:

Select all that apply

Lesbian Gay Bisexual Questioning Queer Straight Other:

Race/Ethnicity:

Select all that apply

American Indian or Alaska Native Asian or Pacific Islander
 Black/African American White
 Hispanic/Latinx (non-white) Other:

Youth Primary Language:

Caregiver Primary Language:

Youth Secondary Language:

Caregiver Secondary Language:

Current Placement Information

Current Placement Setting: Home of Parent Probation placement Other:

Relative Care Legal Guardian Resource Family Home FFA Residential or Group Home Adoptive Home

Primary Contact:

Facility Name:

Address:

Relationship:

City:

State:

Zip Code:

Phone:

Cell Phone:

Fax:

Is there a caregiver who is aware of the child's/youth's LGBTQ+ identity? Yes No Unsure

If yes, please list name(s):



Is the child/youth in a Community Treatment Facility (Level 14+), residential treatment, or other locked facility? Yes No

If yes, are there plans to move to a lower level of care in the next 30 days? Yes No

Is the case post disposition? Yes No Family Maintenance Family Reunification (FR) Permanency Planning (PP)

Voluntary Family Maintenance (VFM)

Voluntary Family Reunification (VFR)

What is the current permanency plan?

Family Maintenance (At home of parent or guardian)

Reunification

Adoption

Legal Guardianship

Another Planned Permanent Living Arrangement (APPLA)

Description if APPLA:

Parental Rights Status: Parental rights in effect

Parental rights terminated

Biological Parent Information

Please provide contact info for parents:

Parent #1 Name:

Contact Phone:

Address:

City:

State:

Zip:

Parent #2 Name:

Contact Phone:

Address:

City:

State:

Zip:

Is there a parent who is aware of the child's/youth's LGBTQ+ identity? Yes

No

Unsure

If yes, please list names:

Referral Information

Reason(s) for Referral:

Do you have any concerns about the child/youth's ability to participate in this project due to functional impairment, behavioral problems or mental health symptoms? Yes No

If yes, please explain briefly:

DCFS Information

DCFS Office:

Office Address:

City:

State:

Zip:

CSW:

Phone:

E-mail:

Adoption Worker:

Phone:

E-mail:

