



RISE Referral Form

About RISE

The RISE 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, and Questioning (LGBTQ+) and Gender Non-Conforming children and youth.

Services are Designed to: (1) Increase support and acceptance in families -biological, extended, foster - with LGBTQ+ and gender non-conforming children and youth (2) Promote self-esteem and wellness for LGBTQ+ children (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+ children and youth.

Eligibility: LGBTQ+ youth age 5 - 17 years old and residing in LA County who are involved with the child welfare system OR living at home and experiencing family conflict related to their sexual orientation, gender identity, and/or gender expression

Referral Guidelines

1. This form assists you in determining eligibility criteria for RISE. The first step in determining eligibility is having a discussion with the child or 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.
2. Please complete each section of this form. Information will be used by RISE staff to further determine eligibility criteria and to determine methods for contacting the child or youth that will not put the child or youth at risk
3. **Once the form is complete (return/mail/fax - choosing the most secure method vs. the most efficient) to:**

RISE Program Facilitator: Joann Cerda
Email: jcerda@lalgbtcenter.org
Fax: 323 - 308-1264
Phone: 323-860-3632
4. Please make sure to provide the best contact information at the top of the page. Also if you have an impending vacation 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 or youth has previously talked to you about his or her gender identity, gender non-conforming behavior or questions he or she has had about same-sex 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 feelings. I'd like to share your information with someone from the RISE program who will contact you and come meet you and explain the program to you. You can then decide if you want to participate, would that be okay?"

If another person (such as the child's attorney, child's caretaker, member of the group home staff) has told you that the child or youth is engaging in gender non-conforming behavior or is questioning his or her sexual orientation or gender identity, use these prompts to confirm the child or youth's feelings:

Questioning Same-Sex Attraction – “As you grow older, you start to have crushes on others. Sometimes people are attracted to people of the opposite sex, sometimes to people of the same sex, and sometimes to both sexes. I was wondering if you've ever had a crush on someone that is of the same sex as you?” **[Child or youth confirms whether or not he/she has had those feelings. 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 your (*social worker/attorney, etc*), 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 feelings. I'd like to share your information with someone from the RISE program who will meet with you and explain the program to you. You can then decide if you want to participate, would that be okay?”

Gender Non-conforming – “Some (*boys/girls*) like to wear clothes, play with toys or participate in activities that some people may say are for (*boys/girls*). I was wondering if you ever feel like you can't dress or act the way you want to because you are told that that's only for (*boys/girls*) **[Child or youth confirms whether or not he/she has had those feelings. If there is any affirmative answer, verbal or non-verbal, proceed.]** As your (*social worker/attorney, etc*), 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 feelings. I'd like to share your information with someone from the RISE program who will meet with you and explain the program to you. You can then decide if you want to participate, would that be okay?”

(This is typically used for younger youth who may not have the language or understanding to discuss their gender expression or identity)



RISE 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
Gender Identity: Male Female Transgender MTF Other
 FTM

Gender Expression:

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

Sexual Orientation:

Lesbian Gay Bisexual Questioning Straight Other

Race/Ethnicity:
(Select **All** that apply)

American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Asian White/Caucasian
 Black/African American Other
 Hispanic/Latino

Youth Primary Language: Caregiver Primary Language:

Youth Secondary Language: Caregiver Secondary Language:

Living Situation

Current Placement Setting: Home of Parent Relative Care Legal Guardian
 Foster Home Adoptive Home Residential or Group Home Other:

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 status? Yes No Unclear

If yes, please list names:

Is child/youth currently receiving RBS? Yes No Is child/youth currently receiving Wraparound services? Yes No

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 in effect Parental rights terminated

Parent or Caregiver Information

Please provide contact info for parents or caregivers (CG):

Parent or CG #1 Name: Contact Phone:

Address: City: State: Zip:

Parent or CG #2 Name: Contact Phone:

Address: City: State: Zip:

Is there a parent who is aware of the child's/youth's LGBTQ status? Yes No Unclear

If yes, please list names:

Referral Information

Reason for Referral:

Do you have any concerns about the child's/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:

Probation Information:

Is child/youth currently on probation: Is the child/youth dual status (241.1):

Yes No

Yes No

If yes, Probation Officer name:

Probation Officer Office:

If this is a Court Case, Attorney Information: (N/A if voluntary case)

Attorney:

Phone:

Fax:

E-mail:

Address:

City:

State:

Zip:

Have you discussed the RISE Program with the youth? Yes No

Referral Completed by: _____
(Print Name)

(Signature)

Title/Relationship to Youth: _____

Date: _____

For RISE Office Use Only

Enrollment Status: Eligible Ineligible

Reason(s) for ineligibility:

- Not LGBTQ identified or gender non-conforming
- Child/Youth and/or Family does not want to participate
- Does not meet age requirements (under 5 OR older than 17 years and 6 months)
- In CTF placement with no plans to move to less restrictive care in the next 30 days
- Youth is placed outside of LA County, and not within reasonable commuting distance, depending on caseload.

Eligibility Status Determined By:

Enrolled

Waitlisted

Reason for Waitlist:

Date referred for Intake:

RISE Case ID#: