

LGBTQ+ Tailored Services to Youth Program Referral Form

Youth **MUST HAVE** a previous DCFS LA County Referral/Case and/or a currently open Referral/Case to be eligible to receive services. **(Box must be checked)**

CWS/CMS Referral/Case ID #:

DCFS Referral

Community Based Referral

Youth Self-Referral

Please complete all available information, if known

Date of Referral:

Regional Office:

Youth's Affirmed Name:

Legal Name (if different):

Date of Birth:

Pronouns: she/her/hers he/him/his they/them/theirs Other:

Address (currently residing):

Youth Contact Telephone #:

Current Caregiver Name:

Telephone #:

CSW Name:

Telephone #:

Supervising CSW Name:

Telephone #:

Youth must consent to confidential information being shared, including sexual orientation, gender identity, and gender expression (SOGIE). **Box must be checked to send and process referral.**

Youth consents to being contacted by community partner for assessment and participation in available services. **Box must be checked to send and process referral.**

Youth consents to community partner contacting current caregiver to discuss services and arrange an intake assessment with youth (if needed).

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

[Map of LA County SPAs](#)

SPAs 1, 7, and 8

Penny Lane Centers
Contact: Summer Gomez
Email: sugomez@pennylane.org
Phone: (818) 588-1583

SPA 2

The Help Group, Kaleidoscope
Contact: Jay Baldwin
Email: kaleidoscopedcfs@thehelpgroup.org
Phone: (818) 779-5229

SPAs 3 – 6

Los Angeles LGBT Center, RISE
Contact: Ariel Bustamante
Email: rise@lalgbtcenter.org
Phone: (323) 860-3626

*Please CC Office of Equity Program Support Manager, [Jessica Brown, brownj@dcfs.lacounty.gov](mailto:brownj@dcfs.lacounty.gov) or LGBTQ+ Program Monitor, [Alexis Glenn, glenna@dcfs.lacounty.gov](mailto:glenna@dcfs.lacounty.gov) on all referrals submitted.

