

Referral to Family Solutions Centers

Directions: Complete this form and fax or email it to the Family Solutions Center closest to the family's community of origin, the children's school, close to family/friends, etc.

Family Solutions Centers

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|---|---|---|
| <input type="checkbox"/> Valley Oasis - Antelope Valley
Service Planning Area 1
Email: cesfamilies@avdvc.org
Fax: (661) 942-2079 | <input type="checkbox"/> LA Family Housing - San Fernando Valley
Service Planning Area 2
Email: referrals@lafh.org
Fax: (818) 982-3895 | <input type="checkbox"/> Union Station Homeless Services - San Gabriel Valley
Service Planning Area 3
Email: fscreferral@unionstationhs.org
Fax: (626) 283-5146 |
| <input type="checkbox"/> PATH - Central Los Angeles
Service Planning Area 4
Email: familyreferral@epath.org
Fax: (323) 395-5547 | <input type="checkbox"/> St. Joseph Center- West Los Angeles
Service Planning Area 5
Email: cesreferrals@stjosephctr.org
Fax: (310) 392-8402 | <input type="checkbox"/> SSG/HOPICS - South Los Angeles
Service Planning Area 6
Email: fsc@hopics.org
Fax: (323) 432-4398 |
| <input type="checkbox"/> The Whole Child - East Los Angeles
Service Planning Area 7
Email: FRT@thewholechild.info
Fax: (562) 204-0654 | <input type="checkbox"/> Harbor Interfaith Services - South Bay
Service Planning Area 8
Email: fscreferrals@harborinterfaith.org
Fax: (310) 684-4031 | |

Family Information

Head of Household Name: _____

Contact Number: _____ Number in Household: _____

Total Monthly Income: _____ Age of Children: _____

Referral Information

Reason for Referral (check only one):

Family has identified permanent housing and needs move-in assistance.

Family is literally homeless and in need of assistance with crisis housing and permanent housing.

Family must vacate current crisis housing program. Anticipated move-out date: _____

Family is imminently at-risk of homelessness.

Reason for Referral to FSC above (check only one):

Most geographically relevant FSC based on guidelines above.

Concerns for family safety and well-being necessitate housing in different geographic area. Describe concerns in the 'Additional Information' box below.

Referring Agency Information

Referring Agency: _____ Contact Person: _____

Address: _____ Contact Number: _____

_____ Date of Referral: _____

Agency Type: Crisis Housing Provider Social Service Agency Other (specify): _____

Additional Information

Please provide any additional information such as the current housing plan or special language needs:

FSC Use Only

Date Received: _____ Date/Time of Assessment: _____