

Referral to Family Solutions Centers

Directions: Complete this form and fax to the Family Solution 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-Lancaster
Service Planning Area 1
Email: jlepe@avdvc.org
sjohnson@avdvc.org
Fax: (661) 942-2079 | <input type="checkbox"/> LA Family Housing-North Hollywood
Service Planning Area 2
Email: AGausvik@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-Los Angeles
Service Planning Area 4
Email: familyreferral@epath.org
Fax: (323) 395-5547 | <input type="checkbox"/> St. Joseph Center-Venice
Service Planning Area 5
Fax: (310) 392-8402
Email: MEaglin@stjosephctr.org | <input type="checkbox"/> Special Services for Groups SSG
Service Planning Area 6
Fax: (323) 948-0444
Email: msanders@hopics.org |
| <input type="checkbox"/> The Whole Child
Service Planning Area 7
Email: FRT@thewholechild.info
Fax: (562) 204-0654 | <input type="checkbox"/> Harbor Interfaith Services-South Bay/San Pedro
Service Planning Area 8
Email: kacosta@harborinterfaith.org
Fax: (310) 831-1997 | |

Family Information

Head of Household Name: _____
 Contact Number: _____ Number in household: _____
 Total Monthly Income: _____ Anticipated Shelter Move-Out Date: _____

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.
- 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: _____ Date of Referral: _____
 Address: _____ Contact Person: _____
 _____ Contact Number: _____
 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: _____