



FaCT Family Resource Center Referral Form for Family Support Services

Please FAX this Form to the FRC selected for services

Referring Person/Worker Name:	Agency/Department:	Email:
Worker Phone:	Fax:	Date:

Referring to: (Please mark site below) This is a CalWorks Family Stabilization (FS) Referral This is a Differential Response (DR) referral

<input type="checkbox"/> Anaheim Harbor FRC Anaheim F (714) 399-0595 T (714) 399-0590	<input type="checkbox"/> CHEC FRC San Juan Capistrano F (949) 489-7748 T (949) 489-7742	<input type="checkbox"/> Corbin FRC Santa Ana F (714) 543-4947 T (714) 480-3737	<input type="checkbox"/> Costa Mesa FRC Newport Beach F (949) 764-4543 T (949) 764-8100
<input type="checkbox"/> El Modena FRC Orange F (714) 532-3593 T (714) 532-3595	<input type="checkbox"/> Family Oasis FRC Anaheim F (714) 956-1990 T (714) 517-7107	<input type="checkbox"/> Friendly Center-Orange FRC Orange F (714) 771-7627 T (714) 771-5300 FS DR	<input type="checkbox"/> Friendly Center-Placentia FRC Placentia F (714) 632-3851 T (714) 769-8660
<input type="checkbox"/> La Habra FRC La Habra F (714) 447-3753 T (714) 447-3460 FS DR	<input type="checkbox"/> Magnolia Park FRC Garden Grove F (714) 530-7908 T (714) 530-7413	<input type="checkbox"/> Minnie Street FRC Santa Ana F (714) 972-5781 T (714) 972-5775 FS DR	<input type="checkbox"/> Oak View FRC Huntington Beach F (714) 842-4184 T (714) 842-4002 FS DR
<input type="checkbox"/> South Orange County FRC Lake Forest F (949) 364-0575 T (949) 364-0500 FS DR	<input type="checkbox"/> Stanton FRC Stanton F (714) 379-0139 T (714) 379-0129	<input type="checkbox"/> Westminster FRC Westminster F (714) 903-1881 T (714) 903-1331	

Clients to Be Served:

Parent/Caregiver Name:	D.O.B:			
/ /				
Address:	City:	State:	Zip:	Phone:

Other Family Members to Be Served:

Name:			
D.O.B:			
Relationship:			
CIN # (12 Digits):	CalWORKS Case # (7 Digits):	CFS Referral # (19 Digits):	

CWS Service Component: Court Non-Court CalWorks Worker Name: _____ Phone: _____

Emergency Response Family Maintenance Family Reunification Permanent Placement (Specify): _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Information About Classes, Programs, and Resources
<input type="checkbox"/> In-home Parenting (0-5)/Family Support
<input type="checkbox"/> Domestic Violence Intervention Services
<input type="checkbox"/> Adult English as a Second Language (ESL)
<input type="checkbox"/> Emergency Assistance
<input type="checkbox"/> Housing
<input type="checkbox"/> Counseling | <input type="checkbox"/> Individual Case Management
<input type="checkbox"/> Parenting Classes
<input type="checkbox"/> Family Activities
<input type="checkbox"/> After-School Programs
<input type="checkbox"/> Teen/Youth Programs
<input type="checkbox"/> LGBTQ
<input type="checkbox"/> Health Insurance Assistance | <input type="checkbox"/> Health Services
<input type="checkbox"/> Mother/Infant Bonding/Breastfeeding
<input type="checkbox"/> New Mom/Dad
<input type="checkbox"/> Teen Mom/Dad
<input type="checkbox"/> Public Health Nurse
<input type="checkbox"/> Other: _____ |
|---|---|--|

Does this case need a bilingual worker? No Yes *If Yes, please specify language: _____*
 Does the FRC staff need to talk with the referring party prior to intake? No Yes

Reasons for Referral/Additional Information: Please list any "red flags" that may be present

Service Agreement and Authorization to Release Information:

The referring party has explained to me the purpose for this referral and I agree to have a copy of this referral faxed or to take a copy of this referral to the Family Resource Center. I agree to attend any scheduled appointments with the Family Resource Center.

I authorize the release of information between _____ (referring agency) and _____ (above indicated Family Resource Center) for the period this service agreement remains in effect. This information will pertain to the reasons for referral and presenting problem and will be used for consultation, evaluation, assessment, and treatment of the client(s) to be served.

This referral was explained to me in my native language.

.....

_____ Client Signature _____ Date _____ Referring Person Signature _____ Date

Assigned FRC Staff/Program: