



New Program Participant Referral Form

Today's date: Assigned counselor: Client status: New client Youth name: Date of birth: Primary phone number: Primary email:

RSO Status (Registered Sex Offender)*

Current or previous RSO status, or pending RSO case under CA Penal Code 290:

- Current RSO Previous RSO Not RSO Pending/open case

Demographic Information

Race & Ethnicity:

- Latino or Hispanic African American Caucasian Asian Native American Native Hawaiian or Pacific Islander Biracial/Multiracial Other/Don't know Prefer not to say

Gender Identity:

- Male Female Non-binary/gender nonconforming Prefer not to say Don't know

Is this youth transgender/gender-diverse?

- Yes No Prefer not to say Don't know

Does the youth identify as a member of the LGBTQA community?

- Yes No Prefer not to say Don't know

Primary Language:

- English Spanish Other:

Secondary Language:

- English Spanish Other:

Employment Status:

- Full time Part time Unemployed Unpaid internship Seasonal/temp work Student work study Other:

Academic Status:

- Currently in middle school Currently in high school Completed HS/GED Currently in college/university Completed college/university Currently in alternative/continuation school Completed alternative/continuation school Other:

*If client has current, previous, or pending RSO status, please speak with Director of Programs immediately prior to enrollment

Household Information

Is the youth currently homeless?

- Yes
 No

Youth lives with:

- Parents
 Sibling(s)
 Other relative(s)
 Spouse/partner
 Friend(s)
 Lives alone
 DCFS placement
 Shelter: _____
 Housing program: _____

Youth's Address

Address: _____ City: _____

Zip: _____

Contact Information

Youth's Contact

Primary phone number: _____ Secondary phone number: _____

Primary email: _____ Secondary email: _____

Emergency Contact

Name(s): _____

Address: _____ City: _____ Zip: _____

Primary phone number: _____ Primary email: _____

Primary Language:

- English
 Spanish
 Other: _____

Relationship to client:

- DCFS worker
 Parent/guardian
 Sibling
 Other relative
 Friend or colleague
 Spouse/partner
 Service provider (doctor, MSW, etc.)
 Teacher/professor
 Other: _____

Parent/Guardian Contact

Name(s): _____

Address: _____

City: _____ Zip: _____

Primary phone number: _____

Primary email: _____

Primary Language:

- English
 Spanish
 Other: _____

Secondary Language:

- English
 Spanish
 Other: _____

Services Needed**Education**

- HS Diploma/GED
 College/Vocational application/Enrollment
 FAFSA
 Other: _____

Legal Services

- Immigration
 Family law/Custody
 Probation
 Other: _____

Mental Health Treatment

- Mobile case management
 Anxiety
 Depression
 Other: _____

Vital Records

- Birth Certificate
 Social Security Card
 Driver's license/State ID
 Other: _____

Benefits

- GR/Cash aid
 CalFresh/Food stamps
 CalWorks
 Social Security Insurance
 Extended foster (AB-12)
 Medi-Cal
 Other: _____

Personal & Family

- Hygienic supplies
 Clothing
 Diapers
 Childcare
 Other: _____

Housing

- 34th Street Housing Program
 ILP eligible
 Section 8
 Transitional housing
 Other: _____

Additional

- Recreational Activities
 Tattoo Removal
 AA/NA Meetings
 Other: _____
 Other: _____
 Other: _____

Employment

- Resume building
 Paid internship
 Job search/Career exploration
 Work clothing
 Other: _____

Any and all information collected will be remain confidential and will solely be used for case management within the Coalition. We do not share any youth's information with anyone or any entity outside of the Coalition.

Referral Source

Name(s): _____

Primary phone: _____

Primary email: _____

How did you learn about the CEE?:

- Attorney
- Court (Edelman, etc.)
- Probation dept
- Non-profit (AIYN, Youth Resource Team, etc.)
- County dept (DCFS, DMH, etc.)
- Family member
- Friend or colleague
- Teacher/professor
- Coalition staff
- Existing CEE client or alumni
- Website or social media
- Medical service provider (medical, specialist, etc.)
- Social services provider (social worker, therapist, etc.)
- Client was self-referred
- N/A
- Other: _____

Relationship to client:

- Attorney
- Probation dept
- County dept (DCFS, DMH, etc.)
- Family member
- Friend or colleague
- Teacher/professor
- Coalition staff
- Existing CEE client or alumni
- Medical service provider (doctor, specialist, etc.)
- Social services provider (social worker, therapist, etc.)
- Other: _____