



CULTURAL & LINGUISTICALLY APPROPRIATE SERVICES REFERRAL REQUEST FORM

Providers: Complete sections A-C and fax to the Cultural & Linguistics Department at (323) 889-5407.

A. Patient Information				
Member Name:			Gender	
			<input type="checkbox"/> Female <input type="checkbox"/> Male	
			<input type="checkbox"/> Other	
Member Address:			City:	
Zip Code:	Phone: ()	DOB:	Language Spoken:	
B. Provider Information				
Requested by:			Date of Request:	
Provider Name:		Phone: ()		Fax: ()
Finding:				
Comments:				
C. Referral Information				
Service Requested				
<input type="checkbox"/> Social Service	<input type="checkbox"/> Support Group	<input type="checkbox"/> Community Based Organization (CBO)		<input type="checkbox"/> Other:
Topic				
<input type="checkbox"/> African American	<input type="checkbox"/> Parenting Classes	<input type="checkbox"/> Cultural Transition	<input type="checkbox"/> Stress/Depression	<input type="checkbox"/> Youth/Teen
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> ESL Classes	<input type="checkbox"/> HIV/STD	<input type="checkbox"/> Interpreter Services	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Sexuality Issues	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Employment Service	<input type="checkbox"/> Hard of Hearing
<input type="checkbox"/> Armenian/Russian	<input type="checkbox"/> Adoption/Foster Care	<input type="checkbox"/> Citizenship	<input type="checkbox"/> Immigration/Legal Assistance	
<input type="checkbox"/> Other:				
Comments:				
D. Service Information				
Title of Program:		Date:		Time:
Program Location:				
Address:		City:		Zip Code:
Program Contact:			Phone: ()	
<input type="checkbox"/> Unable to contact Member		<input type="checkbox"/> Will attend program		
<input type="checkbox"/> Member was contacted on: _____		<input type="checkbox"/> Refused program		
Instructions/Comments:				
E. Follow-Up				
<input type="checkbox"/> Member attended program		<input type="checkbox"/> Member did not attend program		<input type="checkbox"/> Information not available
Comments:				

Cultural & Linguistics Department
Phone (323) 827-6030
Fax (323) 889-5407