



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
Member Address:		<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"/> Hearing Impaired
<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:				