

# Referral to Free Home Visiting Services



1. Find an available program at [eDirectory.HomeVisitingLA.org](http://eDirectory.HomeVisitingLA.org).
2. Fax or email this form to that program (see list on next page).

## Circumstances

(Eligibility requires at least one. Please check ALL that apply.)

- Mental health condition/ diagnosis (or suicide attempt within 1 year)
- Maternal or paternal depression/anxiety
- Involvement with DCFS (current or past)/removal of child from home
- Maternal or paternal substance abuse (current or past)
- Entry into juvenile justice system
- Entry into criminal justice system
- Special needs (caregiver or children)
- Medical diagnosis and complexity
- Housing issue (i.e., unstable housing)
- Exposed to trauma/violence
- Intimate partner violence
- Less than high school education or GED
- Previous preterm birth (less than 37 weeks)
- Previous low birth weight baby (less than 5 lb. 8 oz.)
- Loss of baby or child
- Unsafe physical living conditions
- Family in crisis
- 19 years of age or younger
- Involvement in foster care system
- No support system
- Lack of medical insurance
- (One or more of these applies, but I prefer not to specify at this time.)

Comments: \_\_\_\_\_

Date: \_\_\_\_\_ Referring Agency/Office: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Client/Patient Information

I Am Referring: \_\_\_\_\_  
Print Client's Full Name

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ OK to send text?  Yes  No

Email: \_\_\_\_\_ OK to send email?  Yes  No

Language Preferred:  English  Spanish  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Receiving CalWORKS?  Yes  No

If Pregnant, Due Date: \_\_\_\_\_ Delivery Hospital: \_\_\_\_\_

If Parenting, Youngest Child's Full Name: \_\_\_\_\_

Age of Youngest Child: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_

## Authorization of Release

I agree to be contacted by any of the home visiting organizations listed on the next page, or by a partner program. An organization that follows up with me may also contact the agency that referred me in order to confirm my enrollment. I understand that First 5 LA is the administrator of the electronic system that records data about referrals and/or services that I receive through home visiting. First 5 LA contracts with data administrators to provide technical support to the home visiting programs. The authorized data administrators may use information listed on this form for the purpose of providing support and/or quality assurance. A representative of a home visiting agency or hospital in the Family Strengthening Network may search this electronic system in order to confirm that I am not currently enrolled and actively participating in another home visiting program in the network. I further understand that if I potentially qualify for the CalWORKs Home Visiting Program, my CalWORKs and Greater Avenue to Independence (GAIN) participation information may be viewed by L.A. County Dept. of Public Health personnel to determine eligibility for home visiting services. *Estoy de acuerdo en que me contacte cualquiera de las organizaciones de visitas domiciliarias listadas en la página siguiente o cualquier otro programa asociado. Las organizaciones que se comuniquen conmigo también pueden comunicarse con la agencia que me refirió con el fin de confirmar mi inscripción. Entiendo que First 5 LA es el administrador del sistema electrónico usado para registrar datos sobre referencias y/o servicios que yo recibo a través de visitas domiciliarias. First 5 LA contrata a administradores de datos para proporcionar apoyo técnico a los programas de visitas domiciliarias. Los administradores de datos autorizados pueden usar la información en este formulario con el fin de proporcionar apoyo y/o de asegurar la calidad. Un representante de una agencia de visitas domiciliarias o hospital del Family Strengthening Network puede buscar en este sistema electrónico para confirmar que actualmente yo no esté inscrito(a) ni participando activamente en otro programa de visitas domiciliarias dentro de la red. Entiendo que si potencialmente califico para el Programa de Visitas Domiciliarias CalWORKs, mi información de participación de CalWORKs y de Greater Avenue to Independence (GAIN) puede ser vista por el personal del Departamento de Salud Pública del Condado de L.A. para determinar mi elegibilidad para este programa de visitas domiciliarias.*

You may send information to my home address (listed above).

*Pueden enviar información a la dirección que aparece arriba.*  Yes *Sí*  No

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
*Firma* *Nombre*

If signed by provider...

Date/Fecha: \_\_\_\_\_

My client/patient consented to be referred to a home visiting program and contacted as described above.



# Organizations That Offer Free Home Visiting in L.A. County

Please send the referral form via fax or encrypted email to one of these home visiting programs.

## SPA 1: Palmdale/Lancaster

### Antelope Valley Partners for Health (HFA\*)

Lancaster  
[LMelville@AVPH.org](mailto:LMelville@AVPH.org)  
Ph: (661) 942-4719  
Fax: (661) 951-9715

### Child and Family Guidance Center (HFA\*)

Palmdale  
Ph: (661) 265-8627  
Fax: (661) 265-7936  
[KSmith@ChildGuidance.org](mailto:KSmith@ChildGuidance.org)

### Child Care Resource Center (PAT\*)

Palmdale  
Ph: (661) 789-1200, ext. 9401  
[hvinfo@ccrcca.org](mailto:hvinfo@ccrcca.org)

## SPA 2: San Fernando Valley

### Child Care Resource Center (PAT\*)

Chatsworth  
(818) 717-1000, ext. 9400  
[hvinfo@ccrcca.org](mailto:hvinfo@ccrcca.org)

### El Nido Family Centers (PAT\*)

Panorama City  
Ph: (818) 781-8120  
Fax: (818) 781-8130  
[LRamos@ElNidoFamilyCenters.org](mailto:LRamos@ElNidoFamilyCenters.org)

### Pacific Asian Counseling Services (HFA\*)

Van Nuys  
Ph: (818) 740-5904  
Fax: (800) 549-4717  
[ZRamirez@pacsLA.org](mailto:ZRamirez@pacsLA.org)

## SPA 3: San Gabriel Valley

### Foothill Family Services (HFA\*)

Duarte  
Ph: (626) 993-3000  
Fax: (626) 993-3079  
[LJimenez@foothillfamily.org](mailto:LJimenez@foothillfamily.org)

### SPIRITT (HFA\*)

South El Monte  
Ph: (562) 781-4819  
Fax: (626) 442-1144  
[GabrielaR@Spiritt.org](mailto:GabrielaR@Spiritt.org)

### The Whole Child (PAT\*)

West Covina and Whittier  
Ph: (626) 204-6175  
[TWCHomeVisiting@TheWholeChild.org](mailto:TWCHomeVisiting@TheWholeChild.org)

## SPA 4: Metro L.A.

### The Children's Bureau (HFA\*)

Los Angeles  
Ph: (323) 369-7059  
[GabrielaGonzalez@ALL4Kids.org](mailto:GabrielaGonzalez@ALL4Kids.org)

### El Nido Family Centers (PAT\*)

Los Angeles  
Ph: (213) 335-3739  
Fax: (213) 985-4890  
[JGaitan@ElNidoFamilyCenters.org](mailto:JGaitan@ElNidoFamilyCenters.org)

### Plaza Community Services (PAT\*)

Los Angeles  
Ph: (323) 630-3909 or (323) 513-6057  
[JCeja@PlazaCS.org](mailto:JCeja@PlazaCS.org) or [CTarazon@PlazaCS.org](mailto:CTarazon@PlazaCS.org)

### Wellnest (HFA\*)

Los Angeles  
Ph: (323) 373-2400  
Fax: (323) 373-2275  
[JessicaG@WellnestLA.org](mailto:JessicaG@WellnestLA.org)

## SPA 5: Westside

### The Children's Clinic (HFA\*)

Long Beach  
Ph: (562) 264-2809  
[PMendoza@TCCFamilyHealth.org](mailto:PMendoza@TCCFamilyHealth.org)

### Families in Good Health (HFA\*)

Long Beach  
Ph: (562) 491-9100  
Fax: (562) 491-9824  
[Monica.Arevalo@CommonSpirit.org](mailto:Monica.Arevalo@CommonSpirit.org)  
or [Sandy.Giraldo@CommonSpirit.org](mailto:Sandy.Giraldo@CommonSpirit.org)

### Richstone Family Center (PAT\*)

Inglewood  
Ph: (323) 777-2590  
[DGonzalez@RichstoneFamily.org](mailto:DGonzalez@RichstoneFamily.org)

## SPA 6: South L.A.

### El Nido Family Centers (PAT\*)

Los Angeles  
Ph: (323) 971-7360  
Fax: (323) 753-3930  
[imorales@ElNidoFamilyCenters.org](mailto:imorales@ElNidoFamilyCenters.org)

### Lundquist Institute / South LA Health Projects (HFA\*)

Inglewood  
Ph: (323) 757-7244, ext. 5936  
[JDachs@SLAHP.org](mailto:JDachs@SLAHP.org)

Check eligibility and see what's available:

[eDirectory.HomeVisitingLA.org](http://eDirectory.HomeVisitingLA.org)

## SPA 6: South L.A. (cont.)

### SHIELDS for Families (PAT\* and HFA\*)

Lynwood  
Ph: (323) 242-5000  
[AMoten@ShieldsForFamilies.org](mailto:AMoten@ShieldsForFamilies.org) or  
[TMarin@ShieldsForFamilies.org](mailto:TMarin@ShieldsForFamilies.org)

### Wellnest (HFA\*)

Los Angeles  
Ph: (323) 373-2400  
Fax: (323) 373-2275  
[JessicaG@WellnestLA.org](mailto:JessicaG@WellnestLA.org)

## SPA 7: East / Southeast L.A.

### The Whole Child (PAT\*)

Cerritos  
Ph: (562) 692-0383 or (562) 205-1095  
[TWCHomeVisiting@TheWholeChild.org](mailto:TWCHomeVisiting@TheWholeChild.org)

### Wellnest (HFA\*)

Los Angeles  
Ph: (323) 373-2400  
Fax: (323) 373-2275  
[JessicaG@WellnestLA.org](mailto:JessicaG@WellnestLA.org)

## SPA 8: South Bay

### The Children's Clinic (HFA\*)

Long Beach  
Ph: (562) 264-2809  
[PMendoza@TCCFamilyHealth.org](mailto:PMendoza@TCCFamilyHealth.org)

### Families in Good Health (HFA\*)

Long Beach  
Ph: (562) 491-9100  
Fax: (562) 491-9824  
[Monica.Arevalo@CommonSpirit.org](mailto:Monica.Arevalo@CommonSpirit.org)  
or [Sandy.Giraldo@CommonSpirit.org](mailto:Sandy.Giraldo@CommonSpirit.org)

### Pacific Asian Counseling Services (HFA\*)

Long Beach  
Ph: (818) 740-5904  
Fax: (800) 549-4717  
[ZRamirez@pacsLA.org](mailto:ZRamirez@pacsLA.org)

### Richstone Family Center (PAT\*)

Hawthorne  
Ph: (323) 777-2590  
[DGonzalez@RichstoneFamily.org](mailto:DGonzalez@RichstoneFamily.org)

\*PAT: This organization uses the evidence-based Parents as Teachers home visiting model.

\*HFA: This organization uses the evidence-based Healthy Families America home visiting model.