



FaCT Family Resource Center Referral Form for Family Support Services

To refer a client for services, EMAIL this form to the FRC selected below (choose **one** FRC)

Referring Person/Worker Name:		Agency/Department:		Email:	
Work Phone:		Fax:		Date:	
Referral type: CalWORKs Family Stabilization (FS)		Differential Response (DR)		General FRC Check if applicable: Wraparound Mutual Client	
Anaheim Independencia FRC - Anaheim T (714) 826-9070 F (714) 826-2732 AnaheimIndependenciaFRC@factoc.org		CHEC FRC - San Juan Capistrano T (949) 489-7742 F (949) 489-7748 CHECFRC@factoc.org		Corbin FRC - Santa Ana T (714) 480-3737 F (909) 366-2257 CorbinFRC@factoc.org	
El Modena FRC - Orange T (714) 532-3595 F (714) 532-3593 ElModenaFRC@factoc.org		Friendly Center-Orange FRC -Orange T (714) 771-5300 F (714) 771-7627 FriendlyCenterOrangeFRC@factoc.org		La Habra FRC - La Habra T (714) 447-3460 F (714) 447-3753 LaHabraFRC@factoc.org	
Manzanita Park FRC - Anaheim T (714) 491-7205 F (714) 276-0145 ManzanitaParkFRC@factoc.org		Minnie Street FRC - Santa Ana T (714) 972-5775 F (714) 972-5781 MinnieStreetFRC@factoc.org		Newport Mesa FRC - Newport Beach T (949) 764-8100 F (949) 764-4543 NewportMesaFRC@factoc.org	
So. Orange County FRC - Lake Forest T (949) 364-0500 F (949) 364-0575 SouthOCFRC@factoc.org		Stanton FRC - Stanton T (714) 379-0129 F (714) 379-0139 StantonFRC@factoc.org		Tustin FRC - Tustin T (714) 243-4292 F (714) 838-1403 TustinFRC@factoc.org	
				Downtown FRC - Santa Ana T (714) 660-3636 F (714) 542-4853 DowntownFRC@factoc.org	
				Magnolia Park FRC- Garden Grove T (714) 530-7413 F (714) 530-7908 MagnoliaParkFRC@factoc.org	
				Oak View FRC - Huntington Beach T (714) 842-4002 F (714) 842-4184 OakViewFRC@factoc.org	
				Westminster FRC - Westminster T (714) 903-1331 F (714) 903-1881 WestminsterFRC@factoc.org	

Primary or Identified Client(s) to be served:

Parent/Caregiver Name:		DOB:	Insured?: Emergency Medi-Cal None Medi-Cal Private	
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: VFS ER DR FM FR PP

Social Worker Name:		Email:		Phone:	
<input type="checkbox"/> Case Management Team	<input type="checkbox"/> After-School Programs	<input type="checkbox"/> LGBTQAI+ Resources			
<input type="checkbox"/> Counseling for _____	<input type="checkbox"/> Emergency Assistance	<input type="checkbox"/> Military/Veteran Resources			
<input type="checkbox"/> Domestic Violence Personal Empowerment Program	<input type="checkbox"/> Family Engagement Activities	<input type="checkbox"/> New Parent Services			
<input type="checkbox"/> Family Support Services	<input type="checkbox"/> Health & Wellness Services	<input type="checkbox"/> Public Assistance Resources (CalWORKs/CalFresh)			
<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Housing	<input type="checkbox"/> Teen/Youth Programs			
<input type="checkbox"/> Parent Education	<input type="checkbox"/> In-home Parenting (0-5)/Family Support	Other _____			
	<input type="checkbox"/> Legal/Immigration Resources				

Does this case need a bilingual worker? No Yes *If Yes, please specify language:* _____

Does FRC staff need to speak with the referring party prior to intake? No Yes

DR Only: Client Declined Initial Referral* * FRC DR staff to follow up with second/third attempt Phone Call Mailed Info

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. I agree to be contacted by FRC staff and 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. Information may also be released to the Orange County Social Services Agency for program evaluation and/or State-required reports. *This referral was explained to me in my primary language.*

Client Signature	Date	Verbal consent received	Referring Person Signature	Date	Verbal consent (print/type name in lieu of signature)
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Assigned FRC Staff/Program: _____ 8.25.2020