FaCT Family Resource Center Referral Form

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

Referring Party:		
Referring Person's Name:	Phone:	Date:
Referring Agency:	Email:	
Referral Type: <Select>	Client Status: <Select>	
Does this case need a bilingual worker? ☐ Yes ☐ No If yes, please specify:		
Does FRC staff need to speak to referring party prior to intake? ☐ Yes ☐ No		

Primary Client to be Served:			
Parent/Caregiver Name:	DOB:	Client insured? ☐ Medi-Cal ☐ Private ☐ None	
Address:	City:	Zip:	Phone:

Other Family Members to be Served:		
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

Services Needed:

☐ Counseling for: *(specify Client)*	☐ After School Programs	☐ Legal/Immigration Resources
☐ Domestic Violence Personal Empowerment Program	☐ Benefit Application Assistance	☐ LGBTQ+ Resources
☐ Emergency Assistance	☐ Family Engagement Activities	☐ Military/Veteran Resources
☐ Family Support Services/Case Management	☐ Financial Literacy	☐ New Parent Services
☐ Information & Referral	☐ Health & Wellness Services	☐ Teen/Youth Programs
	☐ Housing	☐ Other:

Reason for Referral/Additional Information: *Please list any 'red flags' that may be present*

Select FRC:

☐ Anaheim Independencia FRC T (714) 826-9070 AnaheimIndependenciaFRC@factoc.org	☐ CHEC FRC *(San Juan Capistrano)* T (949)-489-7742 CHECFRC@factoc.org	☐ Corbin FRC *(Santa Ana)* T (714) 480-3737 CorbinFRC@factoc.org	☐ Downtown FRC *(Santa Ana)* T (714) 660-3636 DowntownFRC@factoc.org
☐ El Modena FRC *(Orange)* T (714) 532-3595 ElModenaFRC@factoc.org	☐ Friendly Center Buena Park FRC T (714) 771-5300 BuenaParkFRC@factoc.org	☐ Magnolia Park FRC *(Garden Grove)* T (714) 741-5222 MagnoliaParkFRC@factoc.org	☐ Manzanita Park FRC *(Anaheim)* T (714) 491-7205 ManzanitaParkFRC@factoc.org
☐ Minnie Street FRC *(Santa Ana)* T (714) 972-5775 MinnieStreetFRC@factoc.org	☐ Newport Mesa FRC *(Newport Beach)* T (949) 764-8100 NewportMesaFRC@factoc.org	☐ Oak View FRC *(Huntington Beach)* T (714) 842-4002 OakViewFRC@factoc.org	☐ So. Orange County FRC *(Lake Forest)* T (949) 364-0500 SouthOCFRC@factoc.org
☐ Stanton FRC T (714) 379-0129 StantonFRC@factoc.org	☐ Tustin FRC T (714) 884-3163 Tustin@factoc.org	☐ Westminster FRC T (714) 903-1331 WestminsterFRC@factoc.org	

Service Agreement and Authorization to Release Information:

The referring party has explained to me the purpose of this referral. I agree to be contacted by FRC staff and to attend any scheduled appointments with the Family Resource Center.

I authorize the release of information between _____ (referring agency) and the 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 be in my primary language.

Client Signature ☐ **Verbal Consent Received**	Date	**CLIENT CONSENT REQUIRED!**
Referring Person's Signature	Date	

Revised 7.1.2026