



Prevention & Intervention Service Request Form

REFERRING AGENCY/CONTACT TYPE			Date:
Contact Method: ☐ Outreach ☐ Emailed ☐ Walk-in ☐ Referral ☐ Called ☐ Follow-up ☐ Social Media:	Referred By (Name & Agency): E-Mail/SM Handle:	Referrer Phone:	

PERSONAL INFORMATION			
Name:	DOB:	Age:	Gender:
Race: ☐ Am. Indian ☐ Asian ☐ Black ☐ Latino/a ☐ White ☐ Other:		Total Monthly Income: \$	
Address:	City:	Source:	\$
Phone:	Email:	Source:	\$
Anyone else we can contact to get a hold of you? (Name, phone, e-mail)		Source:	\$
		Source:	\$
Which Social Media Sites do you use?	May we contact you through Social Media? Yes ☐ No ☐	Twitter: @ Instagram:	
☐ Homeless First time? Yes ☐ No ☐	Type of Client: ☐ Single Adult ☐ Family ☐ Unaccompanied Minor		
Length of Homeless: months years	Foster Care Youth? ☐ Yes ☐ No		
LGBTQ? ☐ Yes ☐ No	Interested in LGBTQ Specific Services? ☐ Yes ☐ No		

RESOURCES NEEDED	
☐ Mainstream Benefits ☐ Medical ☐ Mental Health ☐ Visual ☐ Dental	☐ Identification Needs ☐ Birth Cert. ☐ SS Card ☐ Driver's License ☐ ID
☐ Food ☐ Emergency Food ☐ Cal Fresh	☐ Immigration Assistance
☐ Employment ☐ Career Development / Job Training	☐ Clothing
☐ Housing Assist. ☐ Single ☐ Family ☐ Next Step ☐ CES	☐ Medical Bill Assistance ☐ Emergency Financial Assist.
☐ Emergency Shelter ☐ Single ☐ Family	☐ Substance Abuse
☐ Tattoo Removal	☐ Safer Sex Kit ☐ Hygiene Products
☐ Parole and/or Probation Assistance	☐ Family Services
☐ Legal Services (Citation Tickets, Criminal, Restitution, etc.)	#Of Children: Ages of Children:
☐ Education Support ☐ Community College ☐ H.S Diploma	Other:



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TRANSPORTATION	
Pick up address:	Pick-up Date:
	Pick-up Time:
Drop off address:	Roundtrip? Yes ☐ No ☐
	Transportation Duration:
Other Information: (Other addresses, expected round trip wait time)	

CASE NOTES:

REFERRALS			
Date	Agency/Program	Contact Person	Contact Info

Staff Information	
Total Time Spent with client:	Names of Staff who Provided Services:

Office Use	Date entered:
	Entered by: