

REFERRAL REQUEST FOR FAMILY/YOUTH ADVOCATE
SACRAMENTO ADVOCACY FOR FAMILY EMPOWERMENT (SAFE) PROGRAM

EMAIL OR FAX TO:

Attn: Family And Youth Coordinator/Liaison

Address | 720 Howe Avenue, Suite 108, Sacramento, CA. 95825

Fax | (916) 855-5448 | Phone | (916) 855-5427

safeprogram@calvoices.org

CLIENT INFORMATION

Child's Name _____ Date of Referral _____

Parent/Caregiver's Name _____

Child's DOB _____ SSN _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

School _____

Individual Education Plan (IEP) ☐ YES ☐ NO

Health Insurance _____ Medi-Cal: ☐ YES ☐ NO

REFERRING PARTY

Referring Person/Agency _____ Phone _____

System Partners/Others Involved (i.e. CAPS, Probation, Child Welfare, etc.):



ADVOCACY • RECOVERY • PEER SUPPORT

720 HOWE AVENUE, SUITE 102
SACRAMENTO, CA 95825
PHONE (916) 366-4600 | FAX (916) 855-5448
WEB www.calvoices.org | EMAIL info@calvoices.org

SERVICES REQUESTED

Advocate Type: ☐ Family Advocate ☐ Youth Advocate

Level of Anticipated Involvement (Check One):

☐ One Time Contact (+/-) ☐ Occasional/Periodic ☐ More Intensive

(REQUIRED) Expectations of support from the Family/Youth Advocate
(i.e. Include primary issues, need, and concerns of the family)

CLIENT DEMOGRAPHICS

Please indicate participant's age group:	
<input type="radio"/> Child/Youth (0-15) <input type="radio"/> Transitional Age Youth -TAY (16-25)	
Please indicate participant's sex	
<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Intersex <input type="radio"/> Decline to state
Please indicate participant's sexual orientation:	
<input type="radio"/> Asexual <input type="radio"/> Bisexual <input type="radio"/> Demisexual <input type="radio"/> Fluid <input type="radio"/> Gay <input type="radio"/> Graysexual <input type="radio"/> Heterosexual/Straight <input type="radio"/> Lesbian	<input type="radio"/> Pansexual <input type="radio"/> Queer <input type="radio"/> Questioning or unsure <input type="radio"/> Another sexual orientation: <input type="radio"/> Decline to answer
Please indicate participant's gender identity:	
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Intersex <input type="radio"/> Transgender <input type="radio"/> Agender <input type="radio"/> Genderqueer <input type="radio"/> Genderfluid	<input type="radio"/> Nonbinary <input type="radio"/> Two Spirit <input type="radio"/> Questioning or unsure <input type="radio"/> Another gender identity: <input type="radio"/> Decline to answer
Please indicate participant's ethnicity:	
<input type="radio"/> Hispanic or Latinx <input type="radio"/> Non-Hispanic/Non-Latinx <input type="radio"/> More than one ethnicity	<input type="radio"/> Another ethnicity: <input type="radio"/> Unknown <input type="radio"/> Decline to answer

Please indicate participant's primary language:	
<ul style="list-style-type: none"> <input type="radio"/> Arabic <input type="radio"/> Armenian <input type="radio"/> ASL <input type="radio"/> Cambodian <input type="radio"/> Cantonese <input type="radio"/> English <input type="radio"/> Farsi <input type="radio"/> French <input type="radio"/> Hebrew <input type="radio"/> Hmong <input type="radio"/> Ilocano <input type="radio"/> Italian <input type="radio"/> Japanese <input type="radio"/> Korean <input type="radio"/> Lao 	<ul style="list-style-type: none"> <input type="radio"/> Mandarin <input type="radio"/> Mien <input type="radio"/> Other Chinese Language <input type="radio"/> Other Non-English Language <input type="radio"/> Polish <input type="radio"/> Portuguese <input type="radio"/> Russian <input type="radio"/> Samoan <input type="radio"/> Spanish <input type="radio"/> Tagalog <input type="radio"/> Thai <input type="radio"/> Turkish <input type="radio"/> Vietnamese <input type="radio"/> Another language: <input type="radio"/> Unknown/Not Reported <input type="radio"/> Decline to answer
Please indicate participant's race:	
<ul style="list-style-type: none"> <input type="radio"/> African American/Black <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian Indian <input type="radio"/> Caucasian/White <input type="radio"/> Chinese <input type="radio"/> Cambodian <input type="radio"/> Filipino <input type="radio"/> Former Soviet <input type="radio"/> Hawaiian <input type="radio"/> Hmong <input type="radio"/> Japanese <input type="radio"/> Korean 	<ul style="list-style-type: none"> <input type="radio"/> Laotian <input type="radio"/> Mexican <input type="radio"/> Mien <input type="radio"/> Other <input type="radio"/> Other Pacific Islander <input type="radio"/> Samoan <input type="radio"/> Ukrainian <input type="radio"/> More than one race <input type="radio"/> Another Race: <input type="radio"/> Unknown/Not reported <input type="radio"/> Decline to answer
Select all that are applicable:	
<ul style="list-style-type: none"> <input type="radio"/> Homeless <input type="radio"/> Current or former foster youth <input type="radio"/> Lives with a disability 	<ul style="list-style-type: none"> <input type="radio"/> Family member of someone who has a mental illness <input type="radio"/> Veteran <input type="radio"/> None



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OFFICE USE ONLY

Assigned Staff _____ Date Assigned _____

Specific measurable goal(s) - (Attach Recovery Plan)

Anticipated frequency for peer contact (i.e. 1x weekly, 1-3 times monthly) _____

Length of anticipated service (i.e. for the next 6 months) _____

Target date for formal review of progress _____