



SAFE HARBOR TRAUMA RECOVERY CENTER

Referral Form



Safe Harbor TRC provides free, voluntary, short term and trauma focused services to folks residing in Los Angeles County. We offer individual and group therapy, and case management services to individuals and their families who have experienced trauma related to interpersonal violence.

Date of Referral: _____

Referral Source: Self Harbor-UCLA (Other DHS) Community Based Organization

Referral Type: Therapy Only Case Management Only Both

REFERRING FACILITY INFORMATION

Organization/Department/Clinic Name: _____

Contact Name: _____

Contact Phone Number: _____ Contact Email: _____

REFERRAL INFORMATION

Victimization Type: Direct Victim Family Member of Direct Victim

Name: _____ Date of Birth: _____

If a minor, Parent/Guardian Name: _____

Gender: Female Male Non-binary Transgender Unsure Other: _____

Pronouns (select all that apply): She/Her He/Him They/Them Unsure Other: _____

Current Residential Zip Code: _____ Preferred Language: _____

Phone: _____ Email: _____

May we leave a voicemail identifying ourselves as Safe Harbor TRC? Yes No

Harbor-UCLA Medical Record Number (if applicable): _____

Type of Crime(s) (select all that apply):

Child Sexual Assault Sexual assault Physical Assault Hit and Run Assault
Shooting Stabbing Human Trafficking Other:
Domestic Violence (please specify type:) Emotional Physical

Date(s) or Date(s) When Crime Occurred: _____ (MM/YYYY)

Reason for Referral: _____

SAFETY: Please complete to the best of your knowledge of referral

Current (Check all that apply): Suicidal Ideation(SI) Self-Harm (SH) Homicidal Ideation (HI) None Reported

History of: SI SH HI None Reported If yes, _____ (Most recent MM/YYYY)

History of suicide attempts: Yes No None Reported If yes, _____ (Most recent MM/YYYY)

History of mental health diagnosis? Yes No Unsure If yes, _____

Are there any immediate safety concerns? _____

Additional Information: _____

Please send referrals by secure, encrypted email to SafeHarborTRC@dhs.lacounty.gov
If you have questions, please contact us at SafeHarborTrc@dhs.lacounty.gov or (424) 306-7710.