



# ROMPIENDO BARRERAS

## Referral Form - Partners for Equity

### Referring Agency Information:

Agency Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
Counselor Name: \_\_\_\_\_ Counselor Email: \_\_\_\_\_  
Counselor Phone: \_\_\_\_\_ Counselor Fax: \_\_\_\_\_

### Client Information:

Client Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Address: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ How does the client prefer to be contacted? \_\_\_\_\_  
Preferred language: \_\_\_\_\_

Please address participant's goals, interests, needs, specify workshop interested at CLUES if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Email Referral Form to:

Zonia Holub at [zholub@clues.org](mailto:zholub@clues.org) and Estefany Mejia at [emejia@clues.org](mailto:emejia@clues.org)