HELPING PEOPLE HELP THEMSELVES
interfaith community services

HEADQUARTERS
Betty & Melvin Cohn Center
550 W. Washington Ave.
Escondido, CA 92025
(760) 489-6380

Referral Guidelines

To refer potential clients, please complete this form and fax or email to gmedina@interfaithservices.org we welcome warm referrals though phone contact. Gersain Medina 760-489-6380 ext 124

Organization Information

Organization: ____________________ Date: ____________________
Organización *Fecha*
Contact Name: ____________________ Address: ____________________
Nombre de contacto *Dirección*
E-Mail ____________________ Phone: ____________________
Correo electrónico *Numero de teléfono*

Referral Information

Name of Referred Family/ Individual ____________________
Nombre de la familia o del individual recomendado

E-Mail: ____________________
Correo electrónico

Phone : ____________________

City : ____________________ Estimated Monthly Income: ____________________
Ciudad *Ingreso menual estimado*

I consent to have my information disclosed by Interfaith Community Services to the referring organization
Doy mi consentimiento para que mi información sea revelada por Interfaith Community Services a la organización que me refirió.

Client Signature: ____________________
Firma del Cliente

Referral Information

Type of Referral: ☐ Current Client ☐ Past client ☐ Other: ____________________
Tipo de Referencia *Cliente* *Ex Cliente* *Otro*

CDCR ID if Available ____________________

What is the reason for the referral?

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For Interfaith Community Services Use Only

Date Received: ____________________ Date of Phone Call: ____________________ Date of Client Appointment: ____________________

Interfaith Response: ____________________

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Thank you for joining the Interfaith family. Together we are making this a better world for all people! Revised 11/7/2023