



**El Paso United Family Resiliency Center: Referral form**

**Date:**

**Navigator:**

**Phone:**

**Email:**

Agency Referring To/From: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**Participant Details**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred language: \_\_\_\_\_ Is an interpreter needed? Yes/No

**Preferred method of contact: (circle one) call/text/email**

**INDIVIDUAL AND/OR GUARDIAN IS AWARE OF THIS REFERRAL: (circle one) YES/NO**

**Guardian contact information (if applicable):**

**Reason for referral:** (please include detailed description of Participant's needs *including how long Participant has been enrolled at your agency and what services they are receiving ex: 6 months, receiving counseling*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client Authorization for Referral:**

I authorize \_\_\_\_\_ (Resiliency Navigator) at El Paso United Way Family Resiliency Center to refer my case to \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**PLEASE SEND ALL REFERRALS TO:**  
Desiree Castillo, El Paso United Family Resiliency Resource Specialist  
email: [dcastillo@unitedwayelpaso.org](mailto:dcastillo@unitedwayelpaso.org) phone: 915-775-2783