Ventura County
Medical Resource Foundation
Administrative Office
199 Figueroa Street, 2nd Floor
Ventura, CA 93001
Phone # (805) 641-9802
Fax # (805) 641-9008
E-Mail: vcmrf@vcmrf.org

Children's Resource Program Referral Form
(Children under 18)

REFERRAL INFORMATION:

CASE #_____

DATE:_____

REFERRED BY: _____ AGENCY: _____

TITLE:_____ PHONE:_____

ADDRESS:_____ CITY/ZIP:_____

EMAIL: _____

CLIENT: _____ ❒ M ❒ F BIRTHDATE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE: _____

CELL PHONE:_____ WORK/MSG #: _____

EMAIL: _____

PRESENT LOCATION (IF NOT AT HOME):_____

EMERGENCY CONTACT (Name and Number): _____

CURRENT GRADE: _____ CURRENT SCHOOL: _____

SPECIAL EDUCATION: ❒Yes ❒No ESL: ❒Yes ❒No ETHNICITY: _____

SPANISH SPEAKING ONLY: ❒Yes ❒No Primary Language_____

SERVICE REQUESTED: _____

PROBLEM: _____

(dental and/or vision issue)

OTHER INFORMATION:

WILL CLIENT NEED SUPERVISION BY STAFF? ❒Yes ❒No ❒Don't know

DOES CLIENT HAVE ACCESS TO TRANSPORTATION ❒Yes ❒No ❒Don't know

FINANCIAL INFORMATION:

DOES CLIENT HAVE ACCESS TO INSURANCE? ❒Yes ❒No

DOES CLIENT HAVE ACCESS TO MEDI-CAL? ❒Yes ❒No

DOES CLIENT HAVE A MEDICAL HOME CLINIC? ❒Yes ❒No

WHAT HOSPITAL/CLINIC DO THEY UTILIZE? _____

DOES THE CLIENT HAVE A PRIMARY CARE PHYSICIAN? _____

PARENT/GUARDIAN ANNUAL INCOME: ❒Below $10,000 ❒$10,000 - $15,000

❒$15,000 - $20,000 ❒$20,000 - $30,000 ❒$30,000- $40,000 ❒$40,000 - $50,000

Number of family members in household supported under this income: _____

Mother's Occupation: _____

Father's Occupation: _____

I certify that the above information is true and correct to the best of my knowledge

_____ _____

DATE Signature of person making referral

Liability Agreement:

Parents, grandparents, guardians agrees to defend, hold harmless and indemnify Ventura County Medical Resource Foundation's directors, officers, employees, donors, school district and agents against and from any and all loss, liability, damage, claim, cost, charge, demand, or expense (including any direct, indirect or consequential loss, liability, damage, claim, cost, charge, demand, or expense, including employees of the Ventura County Medical Resource Foundation in the performance of the Referral Agreement).