

**Client Referral Form**

To refer a client for services, please submit this **completed form, I-589 application and declaration** to refer@ptvla.org. You may alternately fax the documents to 213.465.4843, but email is preferred. PTV will review the referral to determine client eligibility for our program. Please note that a referral does not guarantee services. If you have any questions, please email refer@ptvla.org or call 213.384.4788. Thank you!

Date Referred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Client: Attorney Paralegal Advocate/Social Worker Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interpreter needed: Yes\* No
 *\* Please see PTV’s attached interpreter policy*
Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the client filing for asylum? Yes No If yes, has the I-589 been filed yet? Yes No

Date the client’s I-589 was filed \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Date of Arrival to the US: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

What is the client’s current immigration status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scheduled upcoming hearings or interviews: USCIS Affirmative Asylum Application Backlog

 USCIS Interview Date: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

 Master Calendar Hearing Date: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

 Merits Hearing Date: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Why are you referring your client to PTV? Psychological Evaluation
 Medical Evaluation
 Supportive services (therapy, medical care, case management)

Special Issues or Notes for PTV Intake Team: