

**Client Referral Form**

To refer a client for services, please submit this **completed form, I-589 application and declaration** to [refer@ptvla.org](mailto: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](mailto: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: