



Los Angeles County - Department of Mental Health
Adult System of Care
Veterans and Loved Ones Recovery (VALOR)



Outreach and Engagement Referral
Phone: (213) 763-0300
Fax: (213) 746-7620

Name: _____ Date: _____

Veteran Status: Honorable General Other Than Honorable (OTH) Other: _____ Branch of Service: _____

Physical Description of Veteran:

Veteran Needs/Request for Services:

- If veteran consents, please add a photo.
- Family Over Coming Under Stress (FOCUS) Referral

Primary Location (Veteran): _____ Zip Code: _____
(Major Intersection)

Alternate Location: _____ Zip Code: _____
(Major Intersection)

Referring Agency: _____

Contact Person: _____ Phone: () _____ Email: _____

FOR VALOR STAFF USE ONLY

| | | | | | |
|-----------------|--|----------------|--|----------------|--|
| Staff Received: | | Date Received: | | First Contact: | |
| Verify Status: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ordered DD214: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Staff Assigned:

Case Status: