



Voices for Children Riverside County CASA Referral

Child's Name: _____ DOB: _____ Ethnicity for Data Reporting: _____ _____	Caregiver's Name: _____ Address: _____ Phone #: _____ Date of Placement: _____
Child's Name: _____ DOB: _____ Ethnicity for Data Reporting: _____ _____	Caregiver's Name: _____ Address: _____ Phone #: _____ Date of Placement: _____
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Court Case #: _____ Dept.: _____ Total # of Placements: _____

Social Worker: _____ Child/ren's Attorney: _____

Date of Next Hearing: _____ Type of Next Hearing: _____

Reason for Referral:

Requested By: _____ Date: _____

Relationship to Children: _____

This referral does not automatically ensure the appointment of an advocate. All referrals are reviewed to determine whether the case meets VFC's criteria for acceptance and if volunteers are available to meet the needs of the case. Any inquiries regarding the status of the referral should be directed to VFC Riverside office phone number: (951) 472-9301.

Please submit referral to: RCvolunteer@speakupnow.org