



Request for Information Form

*Thank you for your interest in PACS.
 Please complete the following information and email it to referrals@pacsla.org.
 It will be forwarded to the appropriate department.*

Your Information

Last NameFirst NameMiddle Name

How would you like to receive this information?

- Home Phone: _____
- Cell Phone: _____
- Email: _____
- Mail: (address/city/state/zip) _____

Can we leave a message? Yes No Good Time to call back? _____

Do you speak English? Yes No

Preferred Language:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog/Filipino |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> English | <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

I would like information on:

- | | |
|--|--|
| <input type="checkbox"/> Outpatient Mental Health Services | <input type="checkbox"/> Home Visitation Program |
| <input type="checkbox"/> Full Service Partnership Program | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> INC Program | <input type="checkbox"/> Outreach and Education |
| <input type="checkbox"/> Other: _____ | |

OPTIONAL:

Gender: Male Female Other

Ethnicity

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Other: _____ | |

Age: Under age 18 19-25 years old 26-64 years old Over 65 years old

Thank You!