Pupil Services and Attendance

CityPartnership- YouthSource System

YOUTHSOURCE CENTER INITIAL REFERRAL FOR SERVICES

Please Email the Referral

NORTH

El Proyecto del Barrio- Sun Valley
Reidiny Martinez (sub)
818-771-0184 ext. 170
rxb94181@lausd.net

El Proyecto del Barrio - San Fernando
Josefina Gallo-Aguilar
818-793-0691
jxg3876@lausd.net

Goodwill Southern California
Pamela Gates
818-782-2520 ext. 3057
pgates@lausd.net

WEST

Goodwill West LA
Crystal Gallegos
310-437-7995
Crystal.gallegos@lausd.net

SOUTH

Watts Labor Community Action
Araceli Schott
310-221-0616 ext. 2605
909-833-3133
araceli.schott@lausd.net

South LA AYE
Veronica Villanueva
323-241-5027
vvill1@lausd.net

Watts Labor Community Action Committee
Alejandro Cisneros
323-357-6264
alejandro.cisneros@lausd.net

L.A. Youth Opportunity Movement: Watts
Brenda Escobar
323-971-7642
brenda.carrillo@lausd.net

Brotherhood Crusade
Tania Martinez
323-903-6926
tania.martinez@lausd.net

EAST- AJCC

AJCC-Hub Cities
Jose Ruelas
323-586-3513
jlr2130@lausd.net

AJCC-Slawson Occupational Center
Lorena Garcia
323-729-6451
lxg5237@lausd.net

AJCC-East/West San Gabriel Valley
Linda Garcia
323-832-1213
lxg9290@lausd.net

EAST

Boyle Heights Technology YSC
Gerardo Marquez
323-526-1232
gxm5210@lausd.net

Para Los Niños - Northeast
Teresa Gonzalez
323-275-9009 ext. 309
tym5734@lausd.net

Para Los Niños - East
Jacqueline Cuevas
213-413-1466 ext. 420
j.cuevas@lausd.net

AYE Central LA
Lenin Diaz
213-482-8618
lsd15451@lausd.net

Coalition for Responsible Community Development
Erica Salcido
323-642-7765
exs25031@lausd.net

Date: _____ **Name of Student:** _____ **D.O.B:** _____

School: _____ **Grade:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone numbers: _____ _____
Home number **Other contacts: (Check: ☐ Cell ☐ Work ☐ Email)**

Parent/guardian name (if minor): _____ ***Parent #:*** _____

Student Language: ☐ **English** ☐ **Spanish** **Other** _____

Home Language: ☐ **English** ☐ **Spanish** **Other** _____

Referral is for a/an: ☐ **Youth (0-17ys)** ☐ **Adult (18 and older)**

Name of person submitting referral: _____ **Title:** _____ **School/Office:** _____

Has student been notified of referral? ☐ **Yes** ☐ **No** **Has parent been notified of referral?** ☐ **Yes** ☐ **No**

IF STUDENT IS A MINOR, PARENT/GUARDIAN MUST BE NOTIFIED OF REFERRAL IN ORDER TO RECEIVE YSC SERVICES.

Information and Referral for:

Reasons /Observations for Referral (please describe below):

Previous Attempted Interventions:

NOTE* PLEASE DO NOT SEND STUDENT TO CENTER WITH REFERRAL; THEY WILL BE CONTACTED FOR APPOINTMENT.

Revised: 10/20/25