



**SEPA**

SCHOOL ENROLLMENT PLACEMENT  
& ASSESSMENT CENTER

Office of the  
Chief Medical Director | Student Medical Services  
& Medi-Cal Programs

Send referrals to: SEPA Panorama - [ligia.bobadilla@lausd.net](mailto:ligia.bobadilla@lausd.net) | SEPA LA - [yesenia.escalante@lausd.net](mailto:yesenia.escalante@lausd.net)

Date: \_\_\_\_\_ Name of Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/guardian name (if minor): \_\_\_\_\_ Parent #: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

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Student Language: ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

Home Language: ☐ English ☐ Spanish ☐ Other \_\_\_\_\_

Referral is for: ☐ Enrollment ☐ Vaccines ☐ Basic needs ☐ Other \_\_\_\_\_

Name of person submitting referral: \_\_\_\_\_ Title: \_\_\_\_\_

School/Office: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has student been notified of referral? ☐ Yes ☐ No

Has parent been notified of referral? ☐ Yes ☐ No

Case Notes (Please provide a little history on the case): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office use only

Received By: \_\_\_\_\_

Parent contact Date: \_\_\_\_\_

Student Contact Date: \_\_\_\_\_

Services Requested: ☐ Enrollment ☐ Vaccines ☐ Basic needs ☐ Other \_\_\_\_\_

Services Provided/Follow-up needed: \_\_\_\_\_