USC Leonard Davis Family Caregiver Support Center

LACRC LOS ANGELES CAREGIVER RESOURCE CENTER
A Program of the USC Family Caregiver Support Center

# WE WELCOME YOU TO REFER US!

## *Enroll Online or By Phone*

## To Save Time In Your Caregiving Journey!

**THIS SPACE TO BE FILLED OUT BY THE REFERRING AGENCY:**

Agency Name: _____

_____

_____

Contact Name: _____

_____

_____

Phone: (_____) _____

_____

Fax: (_____) _____

_____

E-mail: _____

_____

_____

The USC Family Caregiver Support Center serves all of Los Angeles County

**Call (800) 540-4442**

If you would like us to call you, please sign and fax this form to:

**Fax (213) 821-2920**

or email to:

**fcscgero@usc.edu**

*(Revised: 4/23/2026*

## Tell Us More About Your Loved One!

Does your loved one have:

a. Cognitive impairment/memory loss? ☐ Yes ☐ No

b. Any other major medical concerns? ☐ Yes ☐ No

*If yes to Part b., please write the concern(s) in the space provided:*

_____

## To Self-Start Your Caregiving Journey Online:

CareNav is our user-friendly, online system to give you personalized resources and support.

CareNav™

1.) Go to **https://losangelescrc.usc.edu/** to join our program.

2.) Click **"Getting Help"** in the top navigation bar, then select **"CareNav"**.

3.) Scroll down and click on **"Click Here to Learn More & Become a Member!"**

4.) Complete the **Become a Member** section on the right.

**If further help is needed, flip over the page for expanded instructions.*

## If You Prefer Someone To Call You:

Please note by signing below you are giving the referring agency permission to release only your name, address and phone number to the USC Family Caregiver Support Center. I give my permission to the USC Family Caregiver Support Center to call me at my home at:

**Name of Caregiver:** _____**Age:**_____

**Signature of Caregiver:** _____

*In lieu of signature, verbal consent:* ☐ *Yes* ☐ *No*

**Who are you caring for?** _____

**Address:** _____

**Phone Number: (_____)**_____

**Email:** _____

**Preferred language for communication (if not English):**

_____

**Best time to be called:** ☐ Morning ☐ Afternoon

**Program information mailed to your address?** ☐ Yes ☐ No

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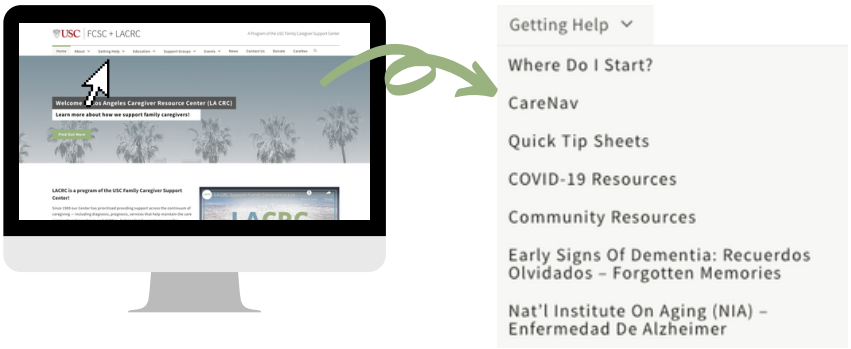
# How to Use: CareNav™

1. Visit the website https://losangelescrc.usc.edu/ to join our program.

2. Click on the **"Getting Help"** tab on the top navigation bar, then click on **"CareNav"**.




3. After clicking on the **"CareNav"** tab, scroll down and click on **"Click Here to Learn More & Become a Member!"**

4. Complete the **Become a Member** section on the right-hand side of the screen then click **Join**. When signing up, simply put down your **name**, **email address**, and **zip code**, and we will contact you from there!

3715 McClintock Ave., Los Angeles, CA 90089
Phone #: Call (800) 540-4442
Fax #: (213) 821-2920

Website: https://losangelescrc.usc.edu/
Enroll via CareNav to save time:
https://usc.cacrc.org/login