

Intake Application for Children over 3 Years of Age and Adults

This application is to assist Westside Regional Center (WRC) to determine eligibility for services under the Lanterman Developmental Disabilities Services Act. To be eligible, an individual must have a developmental disability as per California Law and Regulation. A developmental disability is a condition attributable to:

- (1) Intellectual Disability
- (2) Epilepsy
- (3) Cerebral Palsy
- (4) Autism Spectrum Disorder (Autism)
- (5) Disabling conditions found to be closely related to intellectual disability or requiring treatment similar to.

Additionally, the disability must: originate prior to the age of 18, continues or is expected to continue indefinitely and constitutes a substantial disability for the person. Substantial disability means significant functional limitation in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, economic self-sufficiency. A developmental disability does not include other handicapping conditions that are solely physical in nature, solely psychiatric in nature and solely learning disabilities.

*Is a developmental disability suspected? If a developmental disability as described above is not suspected, Regional Center may not be the appropriate agency to meet the applicant's needs and an application should **NOT** be completed.*

In order to determine the applicant's eligibility, WRC will complete an intake assessment which may include collection of historical diagnostic information, such as medical records, school records, and prior psychological testing. This application contains the necessary forms required to initiate the evaluation process. The evaluation process cannot begin prior to receipt of your written consent. The applicant's information is confidential and will not be released without your written consent. Eligibility determination may take up to 120 days.

To begin the process, complete the application as follows:

1. Complete application (pages 2 to 3) as accurately as possible. The collection of the information on this application is required by the State of California, Department of Developmental Disabilities.
2. Print out, sign, and submit the entire application and the consent form to WRC's Intake Department.

To submit your application, choose one of the following:

1. Scan the documents and send them as an EMAIL ATTACHMENT to IntakeOverAge3@westsiderc.org
2. Fax the documents to (310) 338-9597
3. Mail the documents to Westside Regional Center, Attn: Noemi Iribe/Intake and Assessment Over 3, 5901 Green Valley Circle, Suite 320, Culver City, CA 90230
4. Drop all documents off with the receptionist at Westside Regional Center.

Thank you for your interest in the Intake Department at WRC. Application questions can be addressed to Noemi Iribe at (310) 258 4121.

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS.

Westside Regional Center Intake Application

Applicant's Name: Last _____ First _____ Middle _____

Other name(s) used for applicant: _____

Date of Birth: / / **Gender:** Male Female **SSN:** _____

Has the applicant previously received assessment or services from Westside Regional Center or another Regional Center? Yes No

If "Yes", please name the Regional Center _____

Race/ Ethnicity: (Mark all the boxes that apply)

<input type="checkbox"/>	African American	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Spanish/Latin
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Thai
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Native American	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	White
<input type="checkbox"/>	Guamanian	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Other - specify
<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Other Pacific Islander		

Language: (Mark all the boxes that apply)

<input type="checkbox"/>	English	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Other Latin
<input type="checkbox"/>	American Sign Lang.	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Arabic	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Armenian	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Tagalog
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Nigerian	<input type="checkbox"/>	Thai
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Norwegian	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Farsi (Persian)	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Other - specify

Insurance: Please check all that apply. Provide the plan name & bring all benefit cards to your appointment.

Medi-Cal #: _____ **HMO** _____ **Fee for Service**
(plan number) (plan name)

Private Insurance: _____ **HMO** _____ **PPO** _____
(plan name) (plan name) (plan name)

Medicare #: _____

SELF/PARENT/LEGAL GUARDIAN				SELF/PARENT/LEGAL GUARDIAN			
Specify relationship to applicant:				Specify relationship to applicant:			
First		MI		First		MI	
Last				Last			
AKA or Maiden Name				AKA or Maiden Name			
ADDRESS				ADDRESS			
Street				Street			
City		State		City		State	
Zip Code				Zip Code			
E-Mail Address				E-Mail Address:			
Home	()			Home	()		
Work	()			Work	()		
Cell Phone	()			Cell Phone	()		
Primary Language				Primary Language			
SSN				SSN			
Birthdate mm-dd-yyyy		/	/	Birthdate mm-dd-yyyy		/	/
Disabled:	<input type="checkbox"/> Y / <input type="checkbox"/> N	Date:		Disabled:	<input type="checkbox"/> Y / <input type="checkbox"/> N	Date	
Deceased:	<input type="checkbox"/> Y / <input type="checkbox"/> N	Date:		Deceased:	<input type="checkbox"/> Y / <input type="checkbox"/> N	Date	

Westside Regional Center Intake Application

ALTERNATE CONTACT INFORMATION					
Relationship to applicant:					
First		MI		Preferred contact phone number:	Select
Last			Home:	()	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADDRESS			Work:	()	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street			Cell:	()	<input type="checkbox"/> Yes <input type="checkbox"/> No
City		State			
Zip Code			E-Mail Address:		

Reason for referring: *Briefly outline your concerns and the reason for referral at this time.*

Which of these eligible conditions* do you feel applies to the applicant?

- Intellectual Disability (Mental Retardation or MR)
 Autistic Disorder
 Epilepsy
 Cerebral Palsy
 Condition similar to an individual having an Intellectual Disability, like MR

***Please note:** Conditions such as Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), a learning disability and/or a language disorder alone, are **NOT** conditions eligible for Regional Center services.

Please provide a copy of any documents you have to help us get to know the applicant

We find the following documents helpful: school records such as a Psycho-Educational Evaluation or Assessment and the Individualized Educational Plan (IEP); doctor, hospital and medical records; psychological evaluations; etc. Please also provide the names and telephone numbers of the professionals that know the applicant.

*My child is under five years old and I have no records to provide at this time.***

**Please explain or specify if you have requested them and they are being sent at a later date.

Please submit your completed application (**pages 2 & 3**) and accompanying documents to Westside Regional Center via email at IntakeOverAge3@westsiderc.org or you can fax them at (310) 338-9597. Alternatively, you may bring them in and give them to our third floor receptionist or mail them to:

Westside Regional Center
 Attn: Noemi Iribe/Intake and Assessment Over 3
 5901 Green Valley Circle, Suite 320
 Culver City, CA 90230

Application Questions? Please contact Noemi Iribe at (310) 258-4121 or via email at noemii@westsiderc.org