San Diego Regional Center

Serving Individuals with Developmental Disabilities in San Diego and Imperial Counties

San Diego Regional Center provides support services for individuals with developmental disabilities. Developmental disabilities include autism, cerebral palsy, epilepsy, intellectual disability (formerly known as mental retardation), and conditions similar to intellectual disability or requiring support services like that of an individual with intellectual disability. The conditions are expected to last indefinitely, originate prior to 18, and represent a significant handicap to the individual. The information in this referral will be kept confidential.

REFERRAL FOR AGES 18 AND OVER

APPLICANT'S INFORMATION		
Name: LAST FIRST MIDDLE	**Birth Date:**	**Primary Language:**
Street Address:		
City: State: Zip Code:		**Phone Number:**

REFERRING PARTY'S INFORMATION (Attach a consent form signed by applicant)	
Name:	**Relationship to Applicant:**
Phone Number:	**Best Time to Contact:**

DEVELOPMENTAL SERVICES

Has the applicant ever been evaluated by a regional center? ☐ **Yes** ☐ **No** ☐ **Unknown**
If yes, what was the outcome of the evaluation?

Has the applicant been given a diagnosis of a developmental disability (such as Intellectual Disability/ Mental Retardation, Autism, Cerebral Palsy, Epilepsy)? ☐ **Yes** ☐ **No** ☐ **Unknown**
If yes, what diagnosis was given?

SCHOOL/MENTAL HEALTH SERVICES/ EMPLOYMENT

Has the applicant ever attended Special Education Programs in school? ☐ **Yes** ☐ **No** ☐ **Unknown**
If yes, describe:

Has the applicant been diagnosed with a psychiatric disorder? ☐ **Yes** ☐ **No** ☐ **Unknown**
If yes, describe:

Has the applicant ever been employed? ☐ **Yes** ☐ **No** ☐ **Unknown**
If yes, describe:

BENEFITS INFORMATION

Does the applicant receive SSI? ☐ **Yes** ☐ **No** ☐ **Unknown**

Does the applicant receive Medi-Cal? ☐ **Yes** ☐ **No** ☐ **Unknown**

Today's Date:

San Diego
Regional Center for the Developmentally Disabled
4355 Ruffin Road, Suite 110, San Diego, California 92123 · (858) 576-2996

AUTHORIZATION FOR USE OR DISCLOSURE OF INFORMATION

Completion of this document authorizes the disclosure and/or use of individually identifiable information, as set forth below, consistent with California and Federal law concerning the privacy of such information.

USE AND DISCLOSURE OF INFORMATION:

Client's Name _____ _____
Last First Middle Initial UCI# Date of Birth

I, the undersigned, do hereby authorize:

Name: San Diego Regional Center- Intake Department

Address: 4355 Ruffin Rd.

San Diego, CA 92123

Attention: _____

To provide individually identifiable information (health, psychological, educational, etc.) in verbal or written format from the above-named person's record to:

Name: _____

Address: _____

_____

Attention: _____

The disclosure of this information is required for evaluation to determine my eligibility to receive services and/or to provide services to me.

EXPIRATION:
This Authorization expires one year from date of signature.

RESTRICTIONS:
California law prohibits San Diego Regional Center (SDRC) from making further disclosure of my information unless SDRC obtains another authorization from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS:
I understand that I have the following rights with respect to this Authorization:

I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to: Custodian of the Records, San Diego Regional Center, 4355 Ruffin Road, San Diego, CA 92123.

My revocation will be effective upon receipt, but will not be effective to the extent that SDRC or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this Authorization.

I do not have to sign this Authorization in order to receive services from San Diego Regional Center.

APPROVAL:

_____ _____ _____
Signature Date Witness

_____ _____
Relationship to Client Area Code & Phone Number

Distribution:
Original: Source of Information
Copy: Client/Parent
Copy: File

SDRC #003 (Rev. 09/14)

San Diego
Regional Center for the Developmentally Disabled
4355 Ruffin Road, Suite 110, San Diego, California 92123 · (858) 576-2996

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Completion of this document authorizes the disclosure and/or use of individually identifiable information, as set forth below, consistent with California and Federal law concerning the privacy of such information.

USE AND DISCLOSURE OF INFORMATION:

Consumer's Name _____ _____
Last First Middle Initial Date of Birth

I, the undersigned, do hereby authorize:

Name: _____

Address: _____

_____

Attention: _____

To provide individually identifiable information (health, psychological, educational, etc.) in verbal or written format from the above-named person's record to:

Name: San Diego Regional Center- Intake Department

Address: 4355 Ruffin Rd

San Diego, CA 92123

Attention: _____

The disclosure of this information is required for evaluation to determine my eligibility to receive services and/or to provide services to me.

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APPROVAL:

_____ _____ _____
Signature Date Witness

_____ _____
Relationship to Consumer Area Code & Phone Number

Distribution:
Original: Source of Information
Copy: Consumer/Parent
Copy: File

SDRC #003 (Rev. 09/14)