



San Diego Regional Center

Serving Individuals with Developmental Disabilities in San Diego and Imperial Counties

San Diego Regional Center (SDRC) provides support services for individuals with developmental disabilities. Developmental disabilities (DD) 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 condition must originate prior to age 18, is expected to continue indefinitely and constitute a substantial disability to the individual. The information in this referral is kept confidential.

INQUIRY REQUEST FOR AGES 18 AND UP

INDIVIDUAL INQUIRING FOR SERVICES		
Last Name:	Date of Birth:	Sex:
First name:	Primary Language:	
Street Address:		
City/State/Zip:		
DEVELOPMENTAL SERVICES		
1) Has the individual ever been evaluated by a regional center?	Yes	No
<i>If yes, please state outcome of evaluation and services provided:</i>		
2) Has the individual been diagnosed with a developmental disability? Please check applicable.		
Autism	<input type="checkbox"/>	<i>If other, what diagnosis was given?</i>
Intellectual Disability	<input type="checkbox"/>	
Cerebral Palsy	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
3) What documentation was used for diagnosis listed above? Please check applicable.		
IEP/School Evaluation	<input type="checkbox"/>	For individuals over the age of 18, <u>copies</u> of documents must be submitted showing support of pre-age 18 diagnosis of the above identified developmental disability. Original documents <u>will not</u> be accepted.
Developmental Evaluation	<input type="checkbox"/>	
Medical Report	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	
REFERRING PARTY INFORMATION		
Full name:		
Relationship to applicant:		
Phone Number:		
Today's date:		
Does applicant give permission to have referring party speak on their behalf?	Yes	No
If yes, applicant must sign consent form attached to Inquiry Request with referring party name		

This inquiry request can be submitted to the Intake Department in the following ways:	
San Diego Regional Center Intake Department 4355 Ruffin Road San Diego, CA 92123	Fax: (858) 496-4302 Email: intake@sdrcc.org
<i>SDRC use only:</i>	
Date received: _____ UCI/Inquiry #: _____	Processed By: _____ SWS Completed: []