



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 3 – 17

CHILD'S INFORMATION

Last Name:		Date of Birth:	Sex:
First Name:		Primary Language:	
Street Address:			
City/State/Zip:			

PARENTAL INFORMATION

In order to start the Intake process, SDRC Must be contacted by parent, legal guardian, or DD rights holder.
If legal guardian or DD Rights Holder, please provide legal documentation with this request

Parent or Legal Guardian full name:	
Relationship to child:	Primary language (if different from child):
Phone number:	Email address:

DEVELOPMENTAL SERVICES

1) Has the child ever been evaluated by a Regional Center? Yes No

If yes, please state outcome of evaluation and services provided:

2) Has the child been diagnosed with a developmental disability? Please check if 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 if applicable.

IEP/School Evaluation	<input type="checkbox"/>	If any of the following is selected, please submit a <u>copy</u> of report attached to this Inquiry Request. Original documents <u>will not</u> be accepted.
Developmental Evaluation	<input type="checkbox"/>	
Medical Report	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Person filling out Inquiry Request (if not parent, legal guardian or DD Rights holder)

Full name:
Relationship to child:
Phone Number:
Today's date:

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@sdrc.org

SDRC use only:

Date received: _____ UCI/Inquiry #: _____ Processed By: _____ SWS Completed: []