



San Diego Regional Center

Serving Individuals with Developmental Disabilities in San Diego and Imperial Counties

4355 Ruffin Road, San Diego, California 92123 • (858) 576-2996 • www.sdrc.org

Inquiry Request Procedures

Thank you for your interest in the San Diego Regional Center (SDRC). SDRC provides support services for individuals with developmental disabilities (DD). 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 condition must originate prior to age 18, is expected to continue indefinitely, and constitute a substantial disability to the individual.

The following are the first steps in the process for determining eligibility for SDRC services. Providing this information does not mean that you or your family member is eligible for services.

1. Fill out inquiry request form (child or adult) and return it to Intake Services (see contact below). If the individual inquiring about services is an adult (18 and over) please have the individual sign attached releases.
2. Please submit the inquiry request form and supporting documentation. **Original documents will not be accepted.**
3. Please return to:
 - a. **Drop off or mail to:**
San Diego Regional Center
Intake Services
4355 Ruffin Road
San Diego, CA. 92123
 - b. **Fax:** (858) 496-4302
 - c. **Email:** intake@sdrc.org
4. An Intake on-call worker will call you to obtain more information. Please note the Intake call will be coming from 858-576-2996.

Please note that the Inquiry Request Form is not an application and is used only for gathering information as part of our Intake process. For your convenience, attached is a list of some community resources that may be helpful for you and your family. Thank you for your time and patience during this process.

Sincerely,

SDRC Intake Services

East County Office
8760 Cuyamaca St., #100
Santee, CA 92071
(619) 596-1000

Imperial County Office
512 W. Aten Rd.
Imperial, CA 92251
(760) 355-8383

North County Office
5931 Priestly Dr., #100
Carlsbad, CA 92008
(760) 736-1200

South County Office
2727 Hoover Ave., #100
National City, CA 91950
(619) 336-6600



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:	Phone Number:	
City/State/Zip:	Email:	

DEVELOPMENTAL SERVICES

1) Has the individual ever been evaluated by a regional center?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<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>Comments regarding (Autism, Intellectual Disability, Cerebral Palsy or Epilepsy) diagnosis:</i>	
Intellectual Disability <input type="checkbox"/>		
Cerebral Palsy <input type="checkbox"/>		
Epilepsy <input type="checkbox"/>		

3) What documentation was used for diagnosis listed above? Please check applicable.		
Developmental Evaluation <input type="checkbox"/>	For individuals over the age of 18, copies of documents must be submitted showing support of pre-age 18 diagnosis of the above identified developmental disability. Original documents will not be accepted.	
Medical Report <input type="checkbox"/>		
IEP/School Evaluation <input type="checkbox"/>		

REFERRING PARTY INFORMATION		
Full name:		
Relationship to applicant:		
Phone Number:		
Today's date:		
Referring party must attach signed consent form signed by applicant or legally authorized representative (attached).		

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
<i>SDRC use only:</i> Date received: _____ Processed By: _____ SWS Completed: []	



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

Address: 4355 Ruffin Rd.

San Diego, CA 92123

Attention: _____

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

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:

Client, Parent or Legal Representative Signature

Date

Witness (if applicable)

Relationship to Client

Area Code & Phone Number

Distribution:

Original: Source of Information

Copy: Client/Parent

Copy: File

SDRC003-Int (Rev. 05/18)



Please Place This Release On Top Of The Requested Collateral

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.

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

I, the undersigned do hereby authorize the release of identifiable information in verbal or written format from the above named person's record.

Specify Records to be released and/or disclosed:

- NICU RECORDS MEDICAL RECORDS OTHER _____
 SCHOOL RECORDS (IEP, Psychological Evaluations, and Transcript)

REQUEST INFORMATION FROM:

Name of Agency: _____ Telephone number: _____
 Attention: _____ Fax number: _____
 Address: _____

PLEASE SEND INFORMATION TO:

Email: intake@sdrc.org Mail: **4355 Ruffin Rd.**
 Fax: (858) 496-4302 **San Diego, CA 92123**
 Attention: **INTAKE SERVICES**

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 shall become effective immediately and shall remain in effect for one year from the 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:

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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.

Authorized Signature:

 Client, Parent or Legal Representative Signature Date Witness (if applicable)

 Relationship to Client Area Code & Phone Number Email address