



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



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INQUIRY REQUEST FOR AGES 3 – 17

CHILD'S INFORMATION		
Last Name:	Date of Birth:	Sex:
First Name:	Primary Language:	
Street Address:	Phone Number:	
City/State/Zip:		
PARENTAL INFORMATION		
In order to start the Intake process, SDRC Must be contacted by parent, legal guardian, or DD rights holder.		
<i>If legal guardian or DD Rights Holder, please provide legal documentation with this request</i>		
Parent or Legal Guardian full name:		
Lives with child? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, address:	
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 <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please state outcome of evaluation and services provided:</i>		
2) Has the child been diagnosed with a developmental disability? Please check if 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 if applicable.		
Developmental Evaluation <input type="checkbox"/>	If any of the following is selected, please submit a copy of report attached to this Inquiry Request. Original documents will not be accepted.	
Medical Report <input type="checkbox"/>		
IEP/School Evaluation <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
<small>SDRC use only:</small> Date received: _____ Processed By: _____ SWS Completed: []	