

## **Intake Application for Children over 3 Years of Age and Adults**

This application is to assist Westside Regional Center (WRC) to determine eligibility for services under the Lanterman Developmental Disabilities Services Act. To be eligible, an individual must have a developmental disability as per California Law and Regulation. A developmental disability is a condition attributable to:

- (1) Intellectual Disability
- (2) Epilepsy
- (3) Cerebral Palsy
- (4) Autism Spectrum Disorder (Autism)
- (5) Disabling conditions found to be closely related to intellectual disability or requiring treatment similar to.

Additionally, the disability must: originate prior to the age of 18, continues or is expected to continue indefinitely and constitutes a substantial disability for the person. Substantial disability means significant functional limitation in three or more of the following areas of life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living, economic self-sufficiency. A developmental disability does not include other handicapping conditions that are solely physical in nature, solely psychiatric in nature and solely learning disabilities.

*Is a developmental disability suspected? If a developmental disability as described above is not suspected, Regional Center may not be the appropriate agency to meet the applicant's needs and an application should NOT be completed.*

In order to determine the applicant's eligibility, WRC will complete an intake assessment which may include collection of historical diagnostic information, such as medical records, school records, and prior psychological testing. This application contains the necessary forms required to initiate the evaluation process. The evaluation process cannot begin prior to receipt of your written consent. The applicant's information is confidential and will not be released without your written consent. Eligibility determination may take up to 120 days.

### **To begin the process, complete the application as follows:**

1. Complete application (pages 2 to 3) as accurately as possible. The collection of the information on this application is required by the State of California, Department of Developmental Disabilities.
2. Sign the consent for evaluation and services. The evaluation process cannot begin prior to receipt of your written consent.
3. Print out, sign, and submit the entire application and the consent form to WRC's Intake Department.

### **To submit your application, choose one of the following:**

1. Scan the documents and send them as an EMAIL ATTACHMENT to [IntakeOverAge3@westsiderc.org](mailto:IntakeOverAge3@westsiderc.org)
2. Fax the documents to (310) 338 9597
3. Mail the documents to Westside Regional Center, Intake Over Age 3, 5901 Green Valley Circle, Suite 320, Culver City, CA 90230
4. Drop all documents off with the receptionist at Westside Regional Center.

Thank you for your interest in the Intake Department at WRC. Application questions can be addressed to Noemi Iribe at (310) 258 4121.

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS.

## Westside Regional Center Intake Application

**Applicant's Name:** Last \_\_\_\_\_, First \_\_\_\_\_ Middle \_\_\_\_\_

**Other Name(s) used for applicant:** \_\_\_\_\_

**Date of Birth:** (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_  Male  Female **SSN:** \_\_\_\_\_

**Has the applicant previously received assessment or services from Westside Regional Center or another Regional Center?** \_\_\_Yes \_\_\_No If "Yes", please name the Regional Center \_\_\_\_\_

**Ethnicity:**

<input type="checkbox"/> African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish/Latin
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Thai
<input type="checkbox"/> Chinese	<input type="checkbox"/> Native American	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> White
<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other - specify
<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Pacific Islander	

**Language:**

<input type="checkbox"/> English	<input type="checkbox"/> Italian	<input type="checkbox"/> Other Latin
<input type="checkbox"/> American Sign Lang.	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Arabic	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish
<input type="checkbox"/> Armenian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Thai
<input type="checkbox"/> Chinese	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Farsi (Persian)	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other - specify

**Insurance:** Please check all that apply, include plan name & bring all benefit cards to your appointment.

Medi-Cal #: \_\_\_\_\_  HMO \_\_\_\_\_  Fee for Service  
(plan name)

Private Insurance: \_\_\_\_\_  HMO \_\_\_\_\_  PPO \_\_\_\_\_  
(plan name) (plan name) (plan name)

Medicare#: \_\_\_\_\_

SELF/PARENT/LEGAL GUARDIAN				SELF/PARENT/LEGAL GUARDIAN			
Specify relationship to applicant:				Specify relationship to applicant:			
First		MI		First		MI	
Last				Last			
AKA or Maiden Name				AKA or Maiden Name			
<b>ADDRESS</b>				<b>ADDRESS</b>			
Street				Street			
City			State	City			State
Zip Code				Zip Code			
e-Mail Address				e-Mail Address:			
Home	( )			Home	( )		
Work	( )			Work	( )		
Cell Phone	( )			Cell Phone	( )		
Primary Language				Primary Language			
SSN				SSN			
Birthdate mm-dd-yyyy				Birthdate mm-dd-yyyy			
Disabled:	Y / N	Date:		Disabled:	Y / N	Date	
Deceased:	Y / N	Date:		Deceased:	Y / N	Date	

## Westside Regional Center Intake Application

ALTERNATE CONTACT INFORMATION					
Relationship to prospective client:					
First		MI		Preferred contact phone number:	circle
Last			Home:	(    )	Y / N
ADDRESS			Work:	(    )	Y / N
Street			Cell:	(    )	Y / N
City		State			
Zip Code			E-Mail Address:		

**Reason for referring:** *Briefly outline your concerns and the reason for referral at this time.*

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**Which of these eligible conditions\* do you feel applies to the applicant?** Refer to attachment.

- Intellectual Disability (Mental Retardation or MR)     
  Autistic Disorder     
  Epilepsy  
 Cerebral Palsy     
  Condition similar to an individual having an Intellectual Disability, like MR

**\*Please note:** Conditions such as Attention Deficit Disorder (ADD/ADHD), a Learning Disability and or a language Disorder alone, are **NOT** conditions eligible for Regional Center services.

**\*Please provide a copy of any documents you have to help us get to know the person you are referring.**

We find the following helpful: school records such as a Psycho-Educational Evaluation or Assessment, Individualized Educational Plans or IEP's, doctor, hospital and medical records, psychological evaluations, etc. Additionally, bring the names and telephone numbers of the professionals that know the applicant.

My child is under five years old and I have no records to supply at this time.

Please explain or specify if you have requested them and they are being sent at a later date.

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Please e-mail or FAX this completed application (both sides) and accompanying documents Westside Regional Center attention: [IntakeOverAge3@westsiderc.org](mailto:IntakeOverAge3@westsiderc.org) or you can fax them to her at (310) 338-9597.

Alternatively, you may bring them in and give them to our third floor receptionist or mail them to:

Westside Regional Center  
 Attn: Noemi Iribe/Intake and Assessment Over 3  
 5901 Green Valley Circle, Suite 320  
 Culver City, CA. 90230  
 Application Questions: 310-258-4121