



GOLDEN GATE REGIONAL CENTER ONGOING INTAKE CONTACT FORM

FOR APPLICANTS 3 YEARS AND OLDER ONLY

PLEASE COMPLETE BOTH PAGES



Applicant's Information *(Please Print)*

Name of person who wants to apply for GGRC services: (LAST NAME, FIRST NAME)

Date of Birth & Age:

Sex at birth:

Gender:

Address: - if homeless, please indicate shelter if applicable

Contact Info: - name + relationship + phone # + email

Who is the person living with: - name + relationship

Language (s):

City/Country of Birth?

Nature of Inquiry

Please circle the applicable Developmental Disability concerns/diagnoses:

A) Intellectual Disability

B) Cerebral Palsy

C) Autism

D) Epilepsy

E) Condition that is similar to Intellectual Disability , or requires treatment similar to Intellectual Disability

If you have a concern/diagnosis that is not listed above, please indicate it below:

Who referred you to GGRC? - name and/ or agency

Have you ever applied for GGRC services, or, received services from another regional center before?

Do you know if someone else has applied for GGRC services for you before? - If yes, who is he/she?

Release of Information

Are You the applicant? i.e. is this form filled out by the person needing GGRC services?

- If not, please state your name, relationship with applicant and contact # or email:

Signature of GUARDIAN or ADULT Applicant REQUIRED DATE

A) GGRC may contact the person who completed this form: INITIAL: _____

B) GGRC may contact the following person (print name and number): INITIAL: _____

PLEASE COMPLETE THE FOLLOWING FOR ALL APPLICANTS

Please also send documentation of a developmental disability **prior to the age of 18 years old** which are necessary in establishing the suspicion of a developmental disability.

An Intake Specialist will call you to discuss the next steps of the intake process. All information provided to the Regional Center is considered to be confidential. Below you will find a list of the types of records/documents to provide.

Email form and documents to intake@ggrc.org or FAX to 1-888-339-3306;

For Questions, please email intake@ggrc.org or call 1-888-339-3305

EDUCATION:

Was the applicant in special education? _____ Under what category? _____

Did they receive a diploma? _____ Did they receive Certificate of Completion? _____

What type of classroom was the applicant in? _____

At what age did they leave high school? _____

WORK:

Have the applicant ever worked? _____. Where? _____

What were the duties? _____

Have the applicant ever worked with the Department of Rehabilitation? _____

MENTAL HEALTH:

Does the applicant have any mental health issues? _____

Have the applicant ever been diagnosed with a mental health disorder? _____

What disorders/diagnoses? _____

OTHER:

Does the applicant live alone? _____ If not, with whom does the applicant live? _____

What daily supports does the applicant need? _____

Who supports the applicant? _____

Records And Reports List

PLEASE PROVIDE ANY OF THE REPORTS THAT YOU MAY HAVE THAT ARE LISTED BELOW

Psychological Evaluations	<u>All</u> evaluations completed by a licensed psychologist (PhD, PsyD)
IEP (Individual Educational Program)	This includes goals and service plans. We NEED the latest and all Triennials (done every 3 years).
School Psychological Evaluations	<u>All</u> Psycho-Educational reports done by the school psychologist (MS, MA, EdD)
Speech Therapy Reports	Reports by school and/or private practice speech pathologists (SLP)
School Transcripts	Records of classes taken and grades
Occupational Therapy Reports	Reports by school and/or private practice occupational therapists (OT)
Physical Therapy Reports	Reports by school and/or private practice physical therapists. (PT)
Teacher notes	Notes, letters, reports from school personnel that describe the daily functioning of the applicant
Neurologist/Psychiatrist notes	Information from neurological/psychiatric medical doctors. (MD/DO)
Medical records	Records that are RELATED TO THE DEVELOPMENTAL DISABILITY and major medical issues (e.g. syndromes, genetics, etc.)
Psychiatric Hospital Intake/Discharge	Records from any psychiatric hospital(s)
Family notes	Signed statement from parents/ siblings or persons who knew the applicant during the developmental period
Legal guardianship of a minor	Need final Letter of Guardianship document from court
Adopted minor	Need either changed birth certificate or final adoption document from court
Conservatorship (of an adult)	Need final Letter of Conservatorship document from court

For further information about Regional Center eligibility we recommend that you visit our website at www.ggrc.org or the State Department of Developmental Services' website at www.dds.ca.gov.

