

GOLDEN GATE REGIONAL CENTER

ONGOING INTAKE CONTACT FORM

FOR LANTERMAN PROGRAM APPLICANTS AGED 3 YEARS AND OLDER

San Francisco County

Marin County

San Mateo County

APPLICANT INFORMATION

FIRST NAME (legal)	MIDDLE NAME (legal)	LAST NAME (legal)	
Other Legal Names Used			
Date of Birth	Age in Years	Gender at Birth	Preferred Pronouns

Applicant Physical Address, City, State, Zip Code. PO Boxes not accepted.

Applicant Legal Address if different than physical: Address, City, State, Zip Code. PO Boxes not accepted.

Applicant Mailing Address if different than physical or legal: Address, City, State, Zip Code

Check if unhoused. Indicate a physical address above such as a shelter or another address where mail can be received. If none, check box and enter city where you are currently located.

Applicant Phone Number(s)

Applicant Email Address(es)

Applicant Birthplace (City, State or Country if not US)

Applicant Preferred Language

Check if Interpreter needed

Has the Applicant previously applied for, or was served by a regional center in the past?
If yes, provide name of regional center (or in what city was person living in at the time?)

Contact Information	Parent/Other Adult (if applicable)	Third-Party (if applicable)
Name		
Address (if different than applicant)		
Phone Number(s)		
Email Address(es)		
Language (interpreter needed)		

GGRC Use Only	Date of Intake:	Intake Specialist:	UCI
GGRC Comments:			

PERSON SUBMITTING THIS FORM Adult Applicant (self) Parent of Minor Legal Guardian of Minor or Conservator of Adult **(must include legal documents citing legal authority)** Parent of Unconserved Adult or Third-party (physician, community agency (including CPS, APS, etc.))

For parents of unconserved adults or third-party referrals: The Applicant or their legal representative must provide their consent to Golden Gate Regional Center (GGRC) for Intake and Assessment services. Disclosure of information is limited to confirmation of receipt of referral. Additional information requires a release of information form signed by the adult Applicant, the minor's parent, or the Applicant's legal representative.

NATURE OF INQUIRY

According to [Title 17, Section 54000](#) of the California Code of Regulations, a developmental disability is defined as a disability that is attributable to at least one the conditions below. Please identify area(s) of concern:

 Intellectual disability Cerebral palsy Epilepsy Autism

Disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability (This definition does not include any disabling condition that is solely psychiatric, solely a learning disability or solely physical in nature.)

If you have a concern or diagnosis that is not listed here, identify, or briefly describe below:

Daily Living

Who lives with the applicant? (self, parents, etc.)

What daily supports does the applicant need?

Who provides these supports?

Education

Has the applicant participated in special education? Yes No

If Yes, under what category?

Type of classroom: mainstream/inclusion inclusion with aide(s) special day class

If applicable: Diploma received Certificate of Completion

Work/Employment

Has the applicant worked, and if so, where? Yes No

What kinds of duties has the applicant been responsible for?

Has the applicant worked with the Department of Rehabilitation (DOR)? Yes No

If yes, which office location and name of rehabilitation counselor:

Mental Health

Does the applicant have any known mental health diagnoses? Yes No

If Yes, please identify:

Please describe any behaviors that are concerning to the applicant or to applicant's caregivers:

Sample Records and Evaluations

Please provide any of the reports listed below that speaks to the developmental disability concern. It is recognized that not all evaluations exist for an individual. This list provides examples of types of evaluations that may offer information regarding the concern. All records received by GGRC are confidential and will not be released without the person or their legal representative's written consent.

Psychological evaluations	All evaluations completed by a licensed psychologist (PhD, PsyD)
IEP (Individualized Educational Program/Plan)	This includes goals and service plans and identifies how a student is eligible for special education services
School psychological evaluations	All Psychoeducational reports completed by a school psychologist (MS, MA, EdD); typically occurs every 3 years (triennial)
Speech therapy reports	Reports by school and/or private practice speech pathologists (SLP)
Occupational therapy reports (OT)	Reports by school and/or private practice occupational therapists
Physical therapy reports (PT)	Reports by school and/or private practice physical therapists.
School transcripts (official or unofficial)	Records of classes taken and grades
Teacher notes	Notes, letters, or reports from school personnel that describe the daily functioning of the applicant
Neurology records	Records from neurologists/neurology clinic(s)
Psychiatric records	Records that include current and past psychiatric diagnoses and treatment, including voluntary or involuntary hospitalization(s)
Medical records from primary care and other specialty care as applicable	Records that are <i>related to the developmental disability</i> and major medical issues (e.g. syndromes, genetics, etc.)
Family notes	Signed and dated statements from parents, adult siblings or persons who knew the applicant during the developmental period that describes the developmental concerns
Legal guardianship of a minor	Final Letters of Guardianship document from court
Developmental services rights holder for minors in foster care	Court document identifying individual(s) who hold developmental services rights. A common form is a JV-535 Form from court
Adopted minor	Changed birth certificate or final adoption document from court
Conservatorship (of an adult)	Final Letters of Conservatorship document from court

SUBMISSION

Return this form and any additional reports or evaluations to:

Golden Gate Regional Center: Intake Department

- Email: Intake@ggrc.org
- Fax: 1-888-339-3306
- Mail or drop off to any GGRC office listed below
 - 1900 S. Norfolk Street, Suite 100, San Mateo, CA 94403
 - 1355 Market Street, Suite 220, San Francisco, CA 94103
 - 4000 Civic Center Drive, Suite 400, San Rafael, CA 94903