



South Central Los Angeles  
Regional Center  
for persons with developmental disabilities, inc.

# SOUTH CENTRAL LOS ANGELES REGIONAL CENTER FOR DEVELOPMENTALLY DISABLED PERSONS, INC.

## LANTERMAN INTAKE APPLICATION

### APPLICANT INFORMATION:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

*If the applicant's name has been changed, please list former name below:*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender:  Male  Female Preferred Language: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Married:  Yes  No

### CAREGIVER INFORMATION:

Role:  Self/Independent  Parent  Legal Guardian  Foster Parent(s)  RCF

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ ST: CA ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Language: \_\_\_\_\_ Mobile: \_\_\_\_\_

### DCFS INFORMATION:

Worker Name: \_\_\_\_\_ Worker Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Email: \_\_\_\_\_

### LEGAL INFORMATION:

Attorney/Public Defender Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Email: \_\_\_\_\_

### EDUCATIONAL INFORMATION:

Day Program/School: \_\_\_\_\_ Phone: \_\_\_\_\_

Teacher/Supervisor/Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

### REASON FOR APPLYING

Has applicant previously received assessment or services?  No (If "Yes," please note below)

From SCLARC  Another Regional Center: Enter Regional Center Name UCI#: \_\_\_\_\_

Referred by:  REACH  FRC Referrer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe below WHY the applicant is applying for Regional Center services:

### ATTACHMENTS INCLUDED: (Please check documents included with this application)

- IEP
- PSYCHO-EDUCATIONAL
- REPORT CARD
- MEDICAL REFERRAL
- MEDICAL RECORDS
- NEUROLOGICAL REPORT
- OTHER:

**SIGNATURE:** By signing below, I certify all information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date