☸ Rogers' Consulting & Management ☸

Independent Living Services - Regional Center Intake Form

Date of Referral		Regional Center Office	
Consumer Service Coordinator's Name		CSC's Phone #	
Consumer Service Coordinator's Email		CSC's Unit	

Client's Basic Information

Name of Client		Client's DOB		Gender	
UCI #		Client's Phone		Language	
Has Children (If yes, how many)		Marital Status		Ethnicity	

Current Living Arrangement/Receiving ILS/SLS (Check the appropriate box)

	Living at his/her Family's Home		Living Independently		Homeless
	Being Discharged from Hospital		Living in a Residential Facility		Other

Client's address

Street Address		Apt., Suite	
City		State	
Postal/Zip Code		County	

Status of ILS/SLS (Check the appropriate box)

	First Time Using ILS/SLS		Currently Receiving ILS/SLS		Received ILS/SLS in the past

Reason for Referral: Services Needed (Check the services that may be needed)

	Cooking		Cleaning		Shopping in Natural Environment
	Menu Planning		Meal Preparation		Money Management
	Using of Public Transportation		Personal Health and Hygiene		Self-advocacy Training
	Recreation in the Community		Medical and Dental Services		Travel Training
	Home and Community Safety		Community Resource Awareness		Other specify

General Background Information

A. RC Diagnosis (Check the appropriate box)

	Autism		Cerebral Palsy		Epilepsy
	Intellectual Disability		Other		Other

B. Mobility (Check the appropriate box)

	Ambulatory (walks well)		Walks Unstable/or Balance Concerns		Walks with a Gait
	Non-Ambulatory		Uses a Wheelchair		Uses a Cane/a Walker

C. Describe Any Current Behavioral Issues/Concerns; *Note N/A if there are currently no behavioral issues

D. Describe Any Current Psychiatric Treatment; *Note N/A if there are currently no psychiatric issues

E. Describe Any Current Health/Medical Issues; *Note N/A if there are currently no health/medical issues

F. Describe Any Current Functioning/Cognitive Abilities; *Note N/A if level of functioning is unknown

Additional Comments Regarding Reason For Referral

Attach or Email the Following Documents (Check the documents that are attached or emailed)

	Psychological Assessment		Most Recent IPP/ISP		Most Recent AR
	Most Recent Medical Information		Most Recent Social/Intake		Most Recent CDER
	Relevant SIR in the last 3 months		Relevant Open DCFS/APS Reports		Relevant Court Order Reports