

List of Records Regional Centers May Ask for When You Apply for Services

The regional center may ask you for the information listed below. If you copy this form and fill it out, it will help you to be ready when you apply for services.

If you have any questions about these records, call OCRA or Disability Rights California.

About You

Name: _____

Address: _____

street

city

state

zip code

Phone number: _____

Parent or Guardian's name: _____

Your Medical Records

Bring copies of any health benefits cards under which you are eligible to receive health benefits, including private health insurance coverage, health service plans, Medi-Cal, Medicare, and TRICARE cards (for military families).

List each doctor, psychologist or other health care provider who has cared for you:

1. Doctor's name: _____ Phone #: _____

Address: _____

street

city

state

zip code

2. Doctor's name: _____ Phone #: _____

Address: _____

street

city

state

zip code

3. Doctor's name: _____ Phone #: _____

Address: _____

street

city

state

zip code

4. Doctor's name: _____ Phone #: _____

Address: _____

street

city

state

zip code

Hospitals and Clinics

List each hospital or clinic where you received care, including where you were born:

1. Name of Hospital or Clinic: _____ Phone #: _____

Address: _____

street city state zip code

2. Name of Hospital or Clinic: _____ Phone #: _____

Address: _____

street city state zip code

3. Name of Hospital or Clinic: _____ Phone #: _____

Address: _____

street city state zip code

4. Name of Hospital or Clinic: _____ Phone #: _____

Address: _____

street city state zip code

5. Name of Hospital or Clinic: _____ Phone #: _____

Address: _____

street city state zip code

6. Name of Hospital or Clinic: _____ Phone #: _____

Address: _____

street city state zip code

Medications

Many consumers take lots of medication. List all medications you have taken:

Medications you take now: _____

Early Start/Head Start Records

School Records

List each school you have attended:

1. Name of School _____ Phone #: _____

(Check one): Preschool Elementary School Middle school Other

Address: _____

street *city* *state* *zip code*

2. Name of School: _____ Phone #: _____

(Check one): Preschool Elementary School Middle school Other

Address: _____

street *city* *state* *zip code*

3. Name of School: _____ Phone #: _____

(Check one): Preschool Elementary School Middle school Other

Address: _____

street *city* *state* *zip code*

4. Name of School: _____ Phone #: _____

(Check one): Preschool Elementary School Middle school Other

Address: _____

street *city* *state* *zip code*

5. Name of School: _____ Phone #: _____

(Check one): Preschool Elementary School Middle school Other

Address: _____

street *city* *state* *zip code*

6. Name of School: _____ Phone #: _____

(Check one): Preschool Elementary School Middle school Other

Address: _____

street *city* *state* *zip code*

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