



**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:

Please Initial next to those you would like to give permission to release your information to GGRC.

- A) GGRC may contact the person who completed this form; INITIAL: _____
- B) GGRC man contact the following person (print name and number): INITIAL: _____

Signature of GUARDIAN or ADULT Applicant REQUIRED:

DATE:

PLEASE COMPLETE THE FOLLOWING FOR ALL APPLICANTS

This is NOT an application form for the assessment process.

We will be calling applicants to complete the intake over the phone.

EDUCATION:

Were you in special education? _____ Under what category? _____

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

What type of classroom were you in? _____

At what age did you leave high school? _____

WORK:

Have you ever worked? _____. Where? _____

What were your duties?

Have you ever worked with the Department of Rehabilitation? _____

MENTAL HEALTH:

Do you have any mental health issues? _____

Have you ever been diagnosed with a mental health disorder? _____

What disorders/diagnoses?

OTHER:

Do you live alone? _____ If not, who do you live with? _____

What daily supports do you need?

Who supports you?

WE NEED DOCUMENTATION OF A DEVELOPMENTAL DISABILITY PRIOR TO THE AGE OF 18. PLEASE SEND THE FOLLOWING DOCUMENTS WITH THIS FORM.

- All evaluations completed by licensed psychologists (PhD., PsyD.).
- All school records including IEP (Individual Education Program), school psychological evaluations.
- Medical records from neurologists, psychiatrists.

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