



Intake Inquiry Packet

For individuals 3 years of age or older

Thank you for your inquiry about services with North Bay Regional Center (NBRC). NBRC is an agency that serves persons with developmental disabilities in a three county area (Napa, Solano, and Sonoma). Persons served by our agency include those with Intellectual Disability, Autism, Cerebral Palsy, Epilepsy or a condition closely related to intellectual disability or requiring treatment similar to that required by intellectually disabled individuals. In addition, the condition needs to have originated prior to age 18 and be considered substantially impairing. For further information about Regional Center eligibility we recommend that you visit our website at www.nbrc.net or the State Department of Developmental Services' website at www.dds.ca.gov.

By completing and returning this intake inquiry packet along with the necessary records it will assist in establishing the suspicion of a developmental disability. An Intake Referral Coordinator will call you as soon as possible to discuss the next steps of the intake process. Each applicant's situation is specific to their needs and requires certain records. Helping us obtain your records is greatly appreciated. All information provided to Regional Center is considered to be confidential.

Included with this packet, you will find a list of the types of records that are helpful to us. Please also complete, to the best of your ability, the enclosed NBRC Intake Inquiry Packet.

When you have obtained copies of your records/reports and completed the NBRC Intake Inquiry Packet, you can forward them to:

By U.S. Mail:

North Bay Regional Center
ATTN: Intake
610 Airpark Rd.
Napa, CA 94558

By Fax:

(707) 260-6269

By Email

intake@nbrc.net

If you need assistance requesting records, please contact us at intake@nbrc.net or 707-256-1180.

Sincerely,

The Intake Team

Intake Inquiry Packet

Individual Being Referred

First Name: _____ Last Name: _____

AKA (also known as): _____ Male Female Age: _____

Date of Birth: ____/____/____ Language(s): _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ E-mail: _____

Contact Person's Name: _____ Phone: _____

Form Completed By: _____ Relationship to Individual: _____

Who referred you to NBRC? _____ Phone: _____

Have you received services from any Regional Center in the past? No Yes

If yes, please provide name of Regional Center: _____

SSI (Supplemental Security Income) benefits? No Yes since when? _____

Name of current school: _____ Current grade: _____

Have an IEP (Individualized Educational Program)? No Yes since when? _____

Last school attended (if an adult): _____

Did he/she receive a diploma/certificate? No Yes Date received: _____

Colleges/other schools attended: _____

Current health insurance: _____

Primary physician: _____ Specialist(s): _____

Neurologist: _____ Medical clinic: _____

Medications: _____

Current diagnoses: _____

What diagnoses have been given in the past? _____

Mental health agency providing treatment: _____

Therapist providing treatment: _____

Please describe why the applicant is applying for services.

1. Intellectual Disability

Is the applicant suspected of having Intellectual Disability (if no, please skip to next section)? No Yes

Has the applicant been diagnosed by a health care professional with Intellectual Disability? No Yes

Professional Name: _____ what age was applicant diagnosed? _____

Please describe concerns about the applicant's ability to learn:

Please describe concerns about the applicant's ability to perform age appropriate skills independently:

2. Autism Spectrum Disorder (Autism)

Is the applicant suspected of having Autism (if no, please skip to next section)? No Yes

Has the applicant been diagnosed by a health care professional with Autism? No Yes

Professional Name: _____ what age was applicant diagnosed? _____

Please describe concerns about the applicant's language:

Please describe concerns regarding the applicant's social interaction:

Please describe concerns regarding applicant's behavior:

3. Cerebral Palsy

Does applicant use adaptive equipment? None Wheelchair Walker AFO/Brace

Is the applicant suspected of having Cerebral Palsy (if no, please skip to next section)? No Yes

Has the applicant been diagnosed by a health care professional with Cerebral Palsy? No Yes

Professional Name: _____ what age was applicant diagnosed? _____

How does this condition affect the applicant's physical functioning?

4. Epilepsy

Has the applicant been diagnosed by a physician or neurologist with Epilepsy? No Yes

Professional Name: _____ what age was applicant diagnosed? _____

If yes, what age was the applicant diagnosed with Epilepsy? _____

Is applicant taking medicine for Epilepsy (Seizures)? No Yes

How frequent are the seizures? Daily Weekly 1 A Month 1 A Year None in Past Year

If yes, please list the medication(s) used for Epilepsy (Seizures)

Describe type of seizures and how the applicant is impacted in their daily functioning.

5. Other:

If needed, please describe below any other concerns about the applicant that have not been addressed above.



**North Bay Regional Center
Intake & Eligibility
Records and Reports Request List**

Please provide any of the reports that you may have that are listed below.

✓		
	Psychological Evaluations	All evaluations completed by a licensed psychologist (PhD, PsyD)
School Records		
	IEP (Individual Educational Program)	This includes goals and service plans. We NEED the latest and all Triennials (done every 3 years). We would like to have as many as you can get.
	School Psychological Evaluations	All Psycho-Educational reports done by the school psychologist (MS, MA, EdD)
	Speech Therapy Reports	Reports by school and/or private practice speech pathologists (SLP)
	Occupational Therapy Reports	Reports by school and/or private practice occupational therapists (OT)
	Physical Therapy Reports	Reports by school and/or private practice physical therapists (PT)
	Teacher notes	Notes, letters, reports from school personnel that describe the daily functioning of the applicant
Medical Records		
	Neurologist/Psychiatrist notes	Information from neurological/psychiatric medical doctors (MD/DO)
	Medical records	Records that are RELATED TO THE DEVELOPMENTAL DISABILITY and major medical issues (e.g. syndromes, genetics, etc.)
	Psychiatric Hospital Intake/Discharge	Records from any psychiatric hospital(s)
Legal Records (if applicable)		
	Legal guardianship of a minor	Need final Letter of Guardianship document from court
	Adopted minor	Need either changed birth certificate or final adoption document from court
	Conservatorship (of an adult)	Need final Letter of Conservatorship document from court