

❖ Sample Regional Center Request for Eligibility Assessment Letter

Date: 10.01.09

Name: John Doe

Date of Birth: 9.22.1986

Address: 1212 Rehab Lane, Your Town, CA

Telephone: (111) 111-1111

Primary Caregiver(s): Sandra Doe

Alternate Telephone: (222) 222-2222

Language Spoken: English

Dear Regional Center,

I am requesting an eligibility assessment for my child for Regional Center services.

The history of my child's disability is: *My child, John, was typically developing until age 17 when he was hit by a drunk driver while crossing the street. He suffered traumatic brain injury and his hospital and rehabilitation course has been complicated. He has been living in a rehabilitation center since his accident and has made some progress. He would like to move into a community setting and start supported employment. John is dependent for all of his activities of daily living and has difficulty speaking, concentrating and remembering. John uses an electric wheelchair.*

My child may have / has a diagnosis of:

- Autism Cerebral palsy Epilepsy Intellectual disability
 Condition closely related to an intellectual disability or that requires treatment that is similar to that required for individuals with intellectual disability

My child's disability began at age 17 and is expected to continue indefinitely.

My child has a significant functional limitation in the following areas of major life function:

AREAS OF LIFE FUNCTION	EXAMPLES/EVIDENCE
<input checked="" type="checkbox"/> Capacity for independent living	<i>John is dependent for all activities of daily living.</i>
<input checked="" type="checkbox"/> Economic self-sufficiency	<i>John will need supported employment as he has difficulty writing, speaking and has trouble with memory.</i>
<input checked="" type="checkbox"/> Learning	<i>He graduated from high school, but material needs to be presented in small steps and it takes him longer to learn.</i>
<input checked="" type="checkbox"/> Mobility	<i>John uses an electric wheelchair. He can assist with transfers and can walk short distances with a specialized walker on smooth surfaces.</i>
<input checked="" type="checkbox"/> Receptive/expressive language	<i>Receptive language is normal, but his speech is difficult to understand to unfamiliar people.</i>
<input checked="" type="checkbox"/> Self care	<i>Dependent for all activities of daily living.</i>
<input checked="" type="checkbox"/> Self-direction	<i>John can make many decisions, but often needs choices to be presented to him and he needs things written down for him.</i>

Enclosed are the following summaries, assessments, notes and documents to support the above:
Medical records, discharge summary from rehabilitation program.

In order to participate in any assessment meetings, I will need the following accommodations:
A notetaker and advocate.

I look forward to your response within 15 working days. The best way to reach me is:

- Home / Cell Phone: (111) 111-1111 Mail to the address listed above Other:

Sincerely,

Sandra Doe