



# Sample Request for Eligibility Assessment – Regional Center

Date: 10.01.12

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. 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*

Revised: 11.15.13