

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 PAI.

About You

Name: _____

Address: _____
street city state zip code

Phone number: _____

Parent or Guardian's name: _____

Your Medical Records

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

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

Address: _____
street city state zip code

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

Address: _____
street city state zip code

Early Start/Head Start Records

Program name: _____ Phone #: _____

Address: _____
street city state zip code

Other program name (if any): _____ Phone #: _____

Address: _____
street city state zip code

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