



ONGOING INTAKE CONTACT FORM

This is NOT an intake or an application form for the assessment process.

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

Applicant's Information *(Please Print)*

Name of person who wants to apply for GGRC services: (LAST NAME, FIRST NAME)

Date of Birth & Age:

Sex :

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 concerns/diagnoses:

- A) *(Only for children below 3 years old)* Developmental Delays – speech, motor, etc.;
- B) Intellectual Disability
- C) Cerebral Palsy
- D) Autism
- E) Epilepsy
- F) Condition that is similar to, 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 can contact the person who completed this form; INITIAL: _____
- B) GGRC can to contact the following person (print name and number): INITIAL: _____

Signature of
GUARDIAN/Conservator
or ADULT applicant REQUIRED/
Date:

Attach and Email this form to intake@ggrc.org OR FAX to 1-888-339-3306. If you have question, please call 1-888-339-3305 or email to intake@ggrc.org