

This section is Official Use Only:

Service Coordinator:	Date Packet Sent:	UCI:	Date Assigned:
Intake By:	45 Days:	<input type="checkbox"/> Check if caller/referrer has been advised to provide reports	

GOLDEN GATE REGIONAL CENTER - EARLY START PARENT INTAKE FORM

Child's Last Name:		Child's First Name:		Date of Birth:	Sex:
Date:	Referral Source:		Referrer's Phone # / Fax # / Email:		
Parent(s)'s Name: <input type="checkbox"/> Married			Language(s) Spoken in House: <input type="checkbox"/> Not Fluent in English		
Contact Phone #:		Contact Email:		Child's Insurance Provider:	
Physical Address: <input type="checkbox"/> Check if mailing address is different (and list below)				Child's Birth Hospital:	
Professional/ Specialist/ Agency that has seen your child, if any (e.g. school district, etc):				Child's Primary Care Physician:	

Over the age of Three

For developmental disability concerns for a person over the age of three, please call 1-888-339-3305.

Early Start Services

To be eligible for Golden Gate Regional Center Early Start services, your child must meet the following criteria:

- Within 0-36 months old;
- Developmentally delayed, or having a diagnosis that will lead to a developmental disability.

*If the concern is for **SPEECH**, please describe the concern with information regarding the following items:*

- Ever had a hearing test done? If yes, what was the result? Y N -
- Amount of clear and unclear words **Clear Words # - ; Unclear Words # -**
- Any 2 or more word phrases/ sentences? Y N -
- Responsive & follows commands well? Y N -
- Eye contact well maintained? Y N -

*If the concern is for **MOTOR**, please describe the concern with information regarding the following items:*

- Able to sit up without support? Y N -
- Able to crawl? Y N -
- Able to pull to stand? Y N -
- Able to walk? Y N -
- Do you notice either floppiness/ stiffness in the muscles? Y N -

NOTE: If your child has been treated or evaluated for the concern(s), please attach a copy of all pertinent medical records and/or any evaluation(s) detailing the diagnoses and treatments with this form.

Additional comments/diagnosis or concern(s) in other areas of development:
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Please ATTACH and EMAIL this form & related reports to **intake@ggrc.org** with subject "Early Start Referral" OR FAX it to 1-888-339-3306. If you have any questions, please call 1-888-339-3305 or email **intake@ggrc.org**.