

ENTERING REGIONAL CENTER SERVICES INTO THE SUMMARY PAGE OF THE HEALTH NOTEBOOK

Client Services - [Case [Bunny, Bugs]]

File Edit Search Action Associated Attach/Detach Window Help Tools

OK Cancel

Open Notebook

Select Item to Open
Health

For this Client

ID	Name	Age(Yrs)	Gender	Birth Date
1	Bunny, Bugs	20	Male	02/22/1996
2	Bunny, Mommy	51	Female	10/10/1954
3	Duck, Daffy	1	Male	03/05/2014

Open this Health

ID	Health
1	Current Record for Bunny, Mommy

OK Cancel

SELECT CHILD THEN CLICK 'OK'

Case Info

Case Name: Bunny, Bugs

Case Number: 1270-0709-5690-902697

Start Date: 08/30/2001

County: Los Angeles

Country: United States

Intervention

1 Caretaker Absence

Primary Agency Responsi: County Welfare Departm

Case Suspension

ID	Start Date	End Date	Reason for Suspension
1	06/13/2013	01/15/2014	NMD Reentry as 300

Client Services - Case [Bunny, Bugs] - [Health [Test Case]]

File Edit Search Action Associated Attach/Detach Window Help Tools

Summary Observed Condition Medications Hospitalizations Medical Tests Referrals Immunization Well Child Birth History Screenings

Summary

YOUTH RECEIVED EARLY INTERVENTION SERVICES FROM LANTERMAN REGIONAL CENTER. YOUTH RECEIVED SPEECH AND PHYSICAL THERAPY FOR 2 YEARS.

YOUTH DETERMINED ELIGIBLE FOR LANTERMAN REGIONAL SERVICES THROUGH SOUTH CENTRAL REGIONAL CENTER ON 7/5/2004. WITH DIAGNOSIS OF MODERATE MENTAL RETARDATION/ INTELLECTUAL DISABILITY. RIC UCI# 5555555. YOUTH'S CASE MANAGER IS BETTY SUE (213) 777-9555.

YOUTH MOVED SERVICES TRANSFERRED TO NORTH LOS ANGELES REGIONAL CENTER ON 5/17/12. CASE MANAGER, GEORGE SMITH CAN BE REACHED AT 618-555-5555.

Has this child been clinically diagnosed as having a disability?
 Yes No Not Yet Determined

Dual-Agency Services Received

ID	Provided By	Start Date	End Date
1	Regional Center	07/05/2004	
2	Regional Center	03/02/2001	03/03/2003

Provided By: Regional Center

Start Date: 07/05/2004

End Date:

SUMMARY TAB

- CLICK ON THE 'SUMMARY' TAB
- CLICK ON THE '+' BUTTON
- CHOOSE REGIONAL CENTER IN THE DROP DOWN MENU UNDER 'DUAL AGENCY SERVICES RECEIVED'
- ENTER THE ELIGIBILITY START DATE
- DOCUMENT UNDER SUMMARY**
- TYPE OF REGIONAL CENTER SERVICE: (EARLY INTERVENTION OR LANTERMAN)
- DATE OF ELIGIBILITY
- ANY SERVICES PROVIDED / DIAGNOSIS
- SERVICING REGIONAL CENTER
- REGIONAL CENTER UNIQUE CODE IDENTIFIER # (UCI#) (if available)