



1515 Monrovia Ave. Newport Beach, CA 92663

(714) 241-6214

## SPECIAL PROGRAMS AND SERVICES FOR THE DISABLED

### Intellectual Disabilities

#### APPLICATION

The following application is to be completed by the potential student unless physically unable (i.e., due to visual impairment). If completed by someone other than the applicant, who is completing the application?

Name \_\_\_\_\_ Relationship to Prospective student \_\_\_\_\_

Reason \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Conservatorship? No  Yes  Name \_\_\_\_\_

*(If yes, please provide legal documentation)*

Are you presently a client of Regional Center of Orange County?  Yes  No

Case Worker \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Are you presently a client of another agency? Yes  No

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

Agency Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I HEREBY DECLARE THE STATEMENTS AND ANSWERS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

*(If applicant is under 18 years of age or legal ward)*