

**Alta California Regional Center** Offering ACRC families:

Please select a service for this referral:

- Employer of Record Respite
- Full Service Agency Respite

Service Code	Vendor No.
862	HA0589
862	HA0589



*Once we receive the referral, our office will contact the family by sending out an application packet and/or following-up with a phone call.*

**Complete and return by:**

**Mail** 3202 W. March Lane, Suite D • Stockton, CA 95219  
**Fax** 209-956-2585 • **Toll Free Fax** (outside of area) 877-956-2585  
**Email** admin@pacifichomecare.com

**Consumer**

**Consumer's Name** \_\_\_\_\_ **Consumer's Gender** M F  
**Consumer's UCI No.** \_\_\_\_\_ **Consumer's DOB** \_\_\_\_\_  
**Parent/Guardian's Name** \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
**Parent/Guardian's Email** \_\_\_\_\_

**Interpreter**

Language \_\_\_\_\_  
**Interpreter's Name** \_\_\_\_\_  
**Interpreter's Phone** \_\_\_\_\_  
**Interpreter's Email** \_\_\_\_\_

**Service Coordinator**

**Service Coordinator's Name** \_\_\_\_\_  
**Service Coordinator's Phone** \_\_\_\_\_  
**Service Coordinator's Email** \_\_\_\_\_

Total # of Respite Hours \_\_\_\_\_ **Respite Hours** Frequency of Hours (circle one)  
 Is there a Behavior Plan in place? Yes No Day Month Quarter Year Total

**Behavior Intervention Specialist**

**Behavior Intervention Specialist's Name** \_\_\_\_\_  
**Behavior Intervention Specialist's Phone** \_\_\_\_\_  
 Behavior Issues/Problems \_\_\_\_\_

*(please indicate additional instructions on reverse)*