

## Regional Center of the East Bay Offering RCEB families:

Please select a service for this referral:

	Service Code	Vendor No.
<input type="checkbox"/> Employer of Record Daycare	62	HB0920
<input type="checkbox"/> Employer of Record Respite	862	HV0235
<input type="checkbox"/> Full Service Agency Respite	862	HB0890



*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)*