

# Tri-Counties Regional Center Referral Checklist



**Please submit your form by:** Secure link: <https://gateway.cencalhealth.org/form/bh> or Fax: (805) 681-3070

## I. GENERAL INFORMATION

Patient First and Last:

Patient Date of Birth (DOB):  Parent/Guardian Name:

Best contact number for parent/guardian:

Regional Center Case Worker:

Regional Center Case Worker Phone number:

TCRC Supervisor:

**Please attach all medical documentation to supports medical necessity of requested services**

**Please indicate documents attached:**

- Signed authorization for release of information
- Copy of most recent psychological evaluation or developmental assessment
- Current Regional Center annual review report.
- Copy of Individual Program Plan (IPP) and Individualized Family Service Plan.
- If member recently received ABA services funded by TCRC, please provide copy (IFSP) of Functional Behavior Assessment (FBA) and most recent progress report.
- Any other documents pertaining to services funded by TCRC (i.e. respite care, Early Start services, socialization groups, psychiatry services etc)

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**For questions, please contact our Provider line at: (805) 562-1600**