



North LA County Regional Center

July 16, 2025

AGENDA

- **ABOUT US**

A brief description of who we are and what we do

- **ELIGIBILITY**

How can a consumer get services

- **SERVICES**

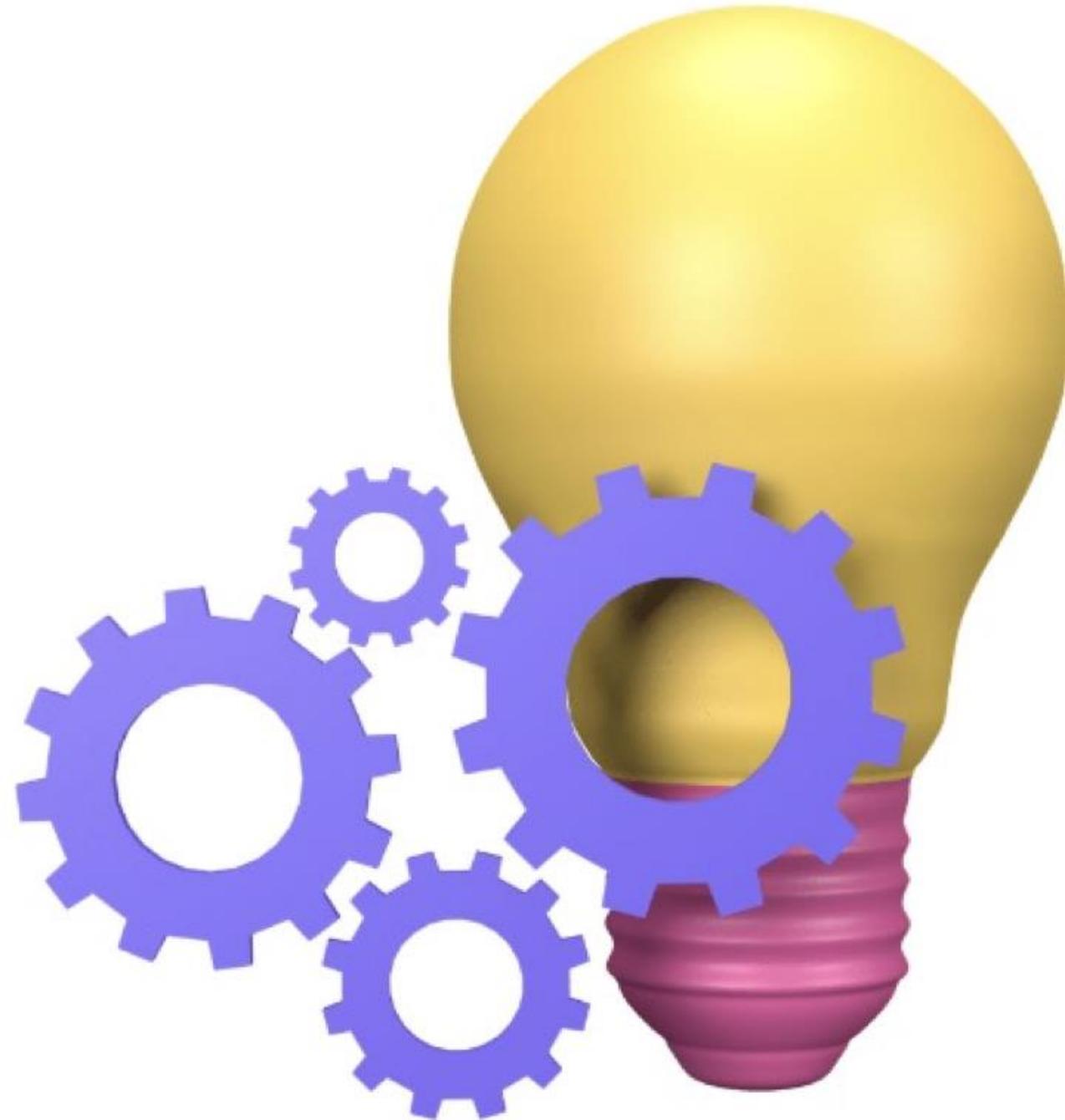
NLACRC Common Services

- **DEIB Team**

Specialists (Tagalog, Spanish, Armenian, Farsi, LGBTQ)

- **Generic Resources**

FFRC



Age Groups



Early Start

birth to
3rd
birthday



Provisional Eligibility

0–5
years old



School Age

3–13
years old



Transition Age

14–21
years old



Adult

22 years of
age and
older



Early Start 0-3 Years

Developmental Delay

Have a developmental delay of at least **25%** in one or more of these areas:

- **Physical:** large and small movements, including vision and hearing.
- **Communication:** pre-speech and language
- **Cognitive:** thinking and problem-solving
- **Social-Emotional:** emotions, interacting with others
- **Adaptive:** daily activities, such as eating and getting dressed



Established Risk

Children born with a condition with a known probability of causing a disability or delay, such as:

- **Down Syndrome**
- **Cerebral Palsy**



High-Risk Factors

Two or more factors that place them at risk for a developmental disability, such as:

- Be born **premature** and/or low birth weight
- Received **ventilation** for more than 48 hours during the first 28 days of life
- Prenatal **substance exposure**
- Infant or toddler **born to a parent with developmental disability**



What can a parent expect after an application is submitted?

Within 45 days



Intake Process

An Intake Consumer Services Coordinator (CSC) will be assigned to the family to support them throughout the intake process.



Consents

Written and verbal parental consent for the evaluation(s) is required.

Note: Only the legal guardian or holder of educational rights may provide consent.



Finding Providers

Depending on the identified concern(s), evaluations will be requested, scheduled, and completed by one or more Early Intervention providers (also known as Vendors/Providers).



Create an IFSP

If the child is deemed eligible, a Consumer Services Coordinator (CSC) will be assigned to the family for the duration of their participation in the program. Together, they will develop the initial Individualized Family Service Plan (IFSP)

Individualized Family Service Plan (IFSP)

Will take place within 45 days from the date the referral was received

Will be followed up at least every 6 months to assess & evaluate as needs might change



Common Services (ages 0-3)

This list does not have every service that you can receive or that can be funded for by NLACRC; it is to inform you about the most common services used by NLACRC consumers and families.



**Child
Development
Services**

**Speech
and
Language
Services**

**Occupational
Therapy**

**Physical
Therapy**

**Audiology
&
Vision
Services**

**Psychological
Services**

Transition from Early Start to Provisional

At least 90 days before the 3rd birthday, the parent/caregiver and the service coordinator must meet for the plan called the

Transition IFSP Planning Conference

Special Education services, if needed

If the child is eligible for Generic Services like:

- Local community programs (Head Start, State Preschool, Home Visitation, etc.)
- Therapies through Health Insurance

A close-up photograph of a young child with light brown, wavy hair and a bright smile. The child's arms are raised above their head, and they are wearing a dark green t-shirt. The background is slightly blurred, showing a grey wall and some potted plants.

Provisional Eligibility Program

Who is eligible for Provisional?

- Child is **0-5 years of age**
- Disability is **not solely physical**

Significant functional limitations in at least 2 of the following areas:



Before the age of five (5), the child must be reassessed to determine if they have a developmental disability that makes them eligible for the regional center's ongoing services.



Lanterman Act Services

A child/adult is Lanterman eligible if...

Eligible diagnoses for the Lanterman Act are:

- Autism
- Cerebral Palsy
- Epilepsy
- Intellectual disability
- Conditions like an intellectual disability or needing similar treatment, AKA 5th Category
- **And** the disability causes substantial difficulty in the person's everyday life in at least three areas of functioning.



What can a parent/applicant expect after an application is submitted?

Within 120 days



Intake CSC

An Intake Consumer Services Coordinator will support the family throughout the intake process



Consent Forms

Written and verbal consent for evaluation is required from the parent or adult applicant.

In cases involving the Department of Children and Family Services (DCFS), only the Developmental Services Decision Maker (DSDM) is authorized to provide consent.



Supporting Document

Supporting documents required include medical records, school records, and any other relevant documents related to the applicant.

A psychological evaluation will also be requested, scheduled, and completed



Generic Resources

Once the evaluation process is complete, our Clinical Department will assess eligibility.

A Consumer Services Coordinator (CSC) will then be assigned to the family to develop the Individual Program Plan (IPP) for the duration of their participation in the program

Individualized Program Plan (IPP)

Must take place within 60 days from the date of determined eligibility under Lanterman Act

Must be followed up tri-annually to assess as needs might change & as requested by family



Common Services (3 and above)

This list includes the most common services used by NLACRC consumers and families. Visit our website to learn more about other services regional centers fund.



Adaptive Skills

***Behavior
Intervention**

Day Care

**Personal
Assistance**

Respite

Social Skills

Apply Now

SCAN ME



An application can be submitted:



Online



At any of our Offices



Fax



Mail

For Online Application visit:

<https://www.nlacrc.org/about-us/eligibility>



NORTH LOS ANGELES COUNTY REGIONAL CENTER

What information do I need for the Early Start application? (0-3 years old)

Parent/Legal Guardian (page 1)

Name, Relationship, Contact Information
Provide legal documents if applicable*

Medical History (page 3)

Birth Weight, Prematurity, Complications, Diagnosis

Developmental History (page 3)

Physical, Language, Social, Behavior

Clinician's Information (page 4)

Physician/Specialist's Name, Address, Phone Number

Insurance Information (page 4)

Name and Policy #*

***Provide records or copies if applicable**



If you have questions, you can contact
(661) 951-1220 or outreach@nlacrc.org
You can also contact our Intake Department directly
at earlystartintake@nlacrc.org



NORTH LOS ANGELES COUNTY REGIONAL CENTER

What information do I need for the Lanterman application? (3+ years old)

Parent/Legal Guardian (page 1)

Name, Relationship, Contact Information
Provide legal documents if applicable*

Description of Developmental Disability (page 3-5)

Concerns, Descriptions, Professional's Info

Medical History (page 5)

Medical Diagnosis, Medications*

Mental History (page 5)

Mental Health Diagnosis, Medications*

School History (page 5-6)

Individual Educational Plan or School Records*

Clinician's Information (page 6)

Physician/Specialist's Name, Address, Phone Number

Insurance Information (page 5)

Name and Policy #*



***Provide records or copies if applicable**

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You can also contact our Intake Department directly at intake@nlacrc.org



North Los Angeles County Regional Center

Main 818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | www.nlacrc.org

AUTHORIZATION TO PERFORM EARLY START EVALUATION AND RELEASE OF INFORMATION

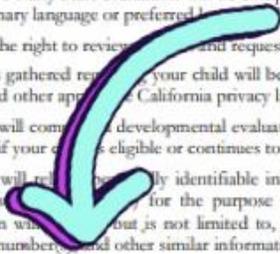
Purpose: The purpose of this form is to allow North Los Angeles County Regional Center ("NLACRC") to obtain consent to perform an evaluation on your child's eligibility for California's Early Start Program.

Scope: By signing below, you allow NLACRC to perform this Early Start Program evaluation, which will include gathering and assessing your child's health and other developmental milestone information (from birth to present) that may include collaboration with one or more NLACRC vendored service providers to support NLACRC in completing this evaluation.

About the Evaluation: By signing below, you agree for NLACRC to learn about and gather information about your child's development, which will include requesting health records from third parties, talking to you about your child's developmental milestones, observing your child at home or other similar environments, and reviewing your child's medical and/or other similar records. The collective information gathered will assist NLACRC in determining whether your child is eligible for California's Early Start Program, and if so, further help us to identify the type of early intervention services needed for your child.

What Signing Below Means: By signing below, you understand and agree to the following:

- Your written consent to perform this evaluation is entirely voluntary, valid for two (2) year from the date shown below and may be withdrawn at any time.
- Your written consent is required by NLACRC to determine Early Start eligibility.
- Your child's Early Start evaluation will be completed promptly and performed in your and your child's primary language or preferred language.
- You have the right to review and request a copy of your child's records.
- All records gathered regarding your child will be kept strictly confidential in accordance with the HIPAA and other applicable California privacy laws.
- NLACRC will complete a developmental evaluation in all five (5) developmental domains to help determine if your child is eligible or continues to be eligible for Early Intervention services.
- NLACRC will release personally identifiable information regarding your child to an NLACRC vendored service provider for the purpose of conducting an Early Start evaluation. This information which is not limited to, your child's name, date of birth, home address, telephone number, and other similar information.



Child's Name Child's Date of Birth

Parent / Legal Guardian Name Parent / Legal Guardian Signature Date

ADDITIONAL CONSENT TO RELEASE MY CHILD'S INFORMATION TO GENERIC RESOURCES

By signing below, I authorize NLACRC to refer my child, as deemed appropriate by NLACRC, to one or more generic resource agencies for potential future assistance with my child's condition(s). These generic resource agencies include the **Family Focus Resource Center**, **California Children Services**, and **Early Head Start**. Please note that this referral process will comply with all HIPAA and other applicable Federal and California privacy laws.

Parent / Legal Guardian Signature Date

When sending referrals

If the entire application cannot be submitted, the Intake Department will accept referrals with the following 5 demographics, **plus** the Early Start Consent

1. Child's name (applicant)
2. DOB
3. Current Address
4. Parent/Legal Guardian's name
5. Telephone/Contact #

Referrals can be sent to Intake Department by fax at (818) 756-6170 or via email at earlystartintake@nlacrc.org

Sign Up for our E-Newsletter:

SCAN ME



The screenshot shows the homepage of the North Los Angeles County Regional Center. At the top left is the organization's logo, a tree inside a circle, with the text "North Los Angeles County Regional Center" below it. To the right of the logo are navigation links: "ENEWS SIGN UP", a yellow button labeled "TRANSPARENCY", and a language dropdown menu set to "English". A search bar with the word "SEARCH" and a magnifying glass icon is on the far right. Below the header is a horizontal menu with links: "Apply For Services", "About Us", "Consumers & Families", "Service Providers", "Get Involved", and "News & Events". The main content area features a large background image of a person in a winter hat pointing towards the horizon. Overlaid on this image is the text "North Los Angeles County Regional Center" and "Empowering Our Community". At the bottom of the main area are four circular icons with corresponding labels: a purple circle with a white checkmark labeled "APPLY FOR SERVICES", a blue circle with a baby's face labeled "EARLY START", a yellow circle with two children's faces labeled "SCHOOL AGE", and a green circle with a person reading labeled "TRANSITION".

DIVERSITY, EQUITY, INCLUSION, AND BELONGING TEAM



**Maria De Jesus
Rodriguez**



**Cynthia
Sanchez**



**Kristine Ysabelle
Mosteiro**



**Nahid
Abouzar**



**Armine
Bagumyan**



**Telma
Diaz**



**Sandy
Ramirez**



**Jose
Rodriguez**



**Javier
Zepeda**

PARENT & FAMILY SUPPORT SPECIALISTS

 pfsssupport@nlacrc.org

 661-951-1220

OUTREACH LANGUAGE SPECIALISTS (TAGALOG, FARSI, ARMENIAN, SPANISH)

 outreach@nlacrc.org

 Tagalog: 818-287-6970

 Farsi: 818-756-6487

 Armenian: 818-534-5606

 Spanish - SFV: 818-534-5013

 Spanish - AV: 661-579-1529

CONSUMER ADVOCATE

 JRodriguez@nlacrc.org

 818-756-6289

LGBTQ+ SPECIALIST

 LGBTSupport@nlacrc.org

 818-756-6380

Boost
Your

Resourcefulness

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CAL HYSLOP
PROFESSIONAL ENGLISH





Connect via Social Media



San Fernando Valley (CSUN- Non-Regional Center consumers)

18111 Nordhoff St, E-109
Northridge, CA 91330-8265
818-677-6854

family.focus@csun.edu

Chatsworth Regional Center Consumers **ONLY**

9200 Oakdale Ave
Chatsworth, CA 91311
818-374-9107

Santa Clarita Valley

25360 Magic Mountain Parkway, Suite 150
Santa Clarita, CA 91355
661-294-9715

family.focus.scv@csun.edu

Antelope Valley

43850 10th St West
Lancaster, CA 93534
661-945-9598

family.focus.av@csun.edu

For further information visit, <https://www.csun.edu/family-focus-resource-center>



If a Developmental delay or disability is suspected, what do you do?

- Contact your local regional center
- Parents do not have to wait for a referral from the child's pediatrician
- Referrals can be made by anyone familiar with the child

San Fernando Valley Office
9200 Oakdale Avenue, Suite 100
Chatsworth, CA, 91311
(818) 778-1900



Santa Clarita Valley
25360 Magic Mountain Parkway,
Suite 150
Santa Clarita, California 91355
(661) 775-8450



Antelope Valley Office
43850 10th Street West
Lancaster, CA 93534
(661) 945-6761



Office Hours: Monday-Friday, 8:30 am to 5 pm, closed on weekends and holidays.

Thank you!

