

# ENTERING REGIONAL CENTER SERVICES INTO CWS/CMS

1) CLICK ON 'BLUE BOX'

2) CLICK 'OPEN EXISTING HEALTH'

SELECT CHILD THEN CLICK 'OK'

**Case Info**  
 Case Name: Bunny, Bugs  
 Case Number: 1270-0709-5690-902697  
 Start Date: 08/30/2001  
 County: Los Angeles  
 Country: United States

**Open Notebook**  
 Select Item to Open: Health  
 Load

For this Client

	Name	Age(Yrs)	Gender	Birth Date
1	Bunny, Bugs	20	Male	02/22/1996
2	Bunny, Mommy	51	Female	10/10/1964
3	Duck, Daffy	1	Male	03/05/2013

Open this Health

	Health
1	Current Record for Bunny, Mommy

Buttons: OK, Cancel, Sort..., Help

**Intervention**  
 1 Caretaker Absence

**Case Suspension**

	Start Date	End Date	Reason for Suspension
1	06/13/2013	01/15/2014	NMD Reentry as 300

Client Services - Case [Bunny, Bugs] - [Health [Daffy Duck]]

Observed Condition | Medications | Hospitalizations | Medical Tests | Referrals | Immunization | Well Child | Birth History | **Screenings**

**Screenings and Referrals**

**Screenings**

+ Date	Type	Screened By	Results
1			

Date: [ ] Type: [ ] Screened By: [ ]

Comments: [ ]

**Referrals**

+ Referral Date	Referral Type	Referred To
1		

Referral Date: [ ] Referral Type: [ ] Referred To: [ ]  Out of Cou

Outcome of Referral:  Accepted  Not Accepted Outcome Date: [ ] Consent Type: [ ]

**Intervention Plan**

SELECT THE 'SCREENINGS' TAB TO ENTER INFORMATION REGARDING ANY DEVELOPMENTAL SCREENINGS, REFERRALS FOR REGIONAL CENTER SERVICES, & TO DOCUMENT INTERVENTION PLANS.

THE STATE IS TRACKING ALL EARLY DEVELOPMENTAL SCREENINGS, SO BE SURE TO START YOUR PROCESS ON THIS PAGE.

## LAST STEPS – ENTERING THE SUMMARY / SERVICING REGIONAL CENTER

**Summary**

Sensitive Health & Medical Information is on file for this person  Individual Health Care Plan on file for Special Needs Child

Limitation Put on Substitute Care Provider's Ability to Make Health Decisions

Summary of Current Health Condition:

YOUTH RECEIVED EARLY INTERVENTION SERVICES FROM LANTERMAN REGIONAL CENTER. YOUTH RECEIVED SPEECH AND PHYSICAL THERAPY FOR 2 YEARS.

YOUTH DETERMINED ELIGIBLE FOR LANTERMAN REGIONAL SERVICES THROUGH SOUTH CENTRAL REGIONAL CENTER ON 7/5/2004 WITH DIAGNOSIS OF MODERATE MENTAL RETARDATION/ INTELLECTUAL DISABILITY. RUC UCI# 0265555. YOUTH'S CASE MANAGER IS BETTY SUE (213) 777 8955.

YOUTH MOVED SERVICES TRANSFERRED TO NORTH LOS ANGELES REGIONAL CENTER ON 9/1/12. CASE MANAGER, GEORGE SMITH CAN BE REACHED AT 818-855-8985.

Has this child been clinically diagnosed as having a disability?

Yes  No  Not Yet Determined

Provided By	Start Date	End Date
1 (Regional Center)	07/05/2004	
2 (Regional Center)	03/02/2014	03/03/2015

Provided By:  Other:

Start Date:  End Date:

- CLICK ON THE SUMMARY TAB
- CLICK ON THE '+' BUTTON
- CHOOSE REGIONAL CENTER IN THE DROP DOWN MENU UNDER 'DUAL AGENCY SERVICES RECEIVED'
- ENTER THE ELIGIBILITY START DATE

### DOCUMENT UNDER SUMMARY

- TYPE OF REGIONAL CENTER SERVICE  
EARLY INTERVENTION OR LANTERMAN
- DATE OF ELIGIBILITY
- DIAGNOSIS
- SERVICING REGIONAL CENTER
- REGIONAL CENTER STATE ID / UCI#

**Special Project**

Special Project Name	Start Date	County	Description
1 Eastern LA RC - Approved		Los Angeles	
2 S-Tribal Customary Adoption	05/02/2014	Los Angeles	

Special Project Name:  Start Date:  End Date:  County:  Description:

Special Project Name dropdown options:

- No IV-E- VP over 180 days
- No IV-E- WIC 388
- No IV-E-NM over 19 in GH
- No IV-E-No Placement Authority
- No IV-E-No SILP assessment
- Non-Related Probate Guardian
- North Bay RC - Approved
- North Bay RC - Denied
- North LA County RC - Approved
- North LA County RC - Denied

SELECT 'GREEN BOX' THEN  
CLICK ON FILE FOLDER, THEN  
CLICK SPECIAL PROJECTS 'SPEC.  
PROJ.' TAB

- CLICK '+' SYMBOL TO ADD NEW SERVICING REGIONAL CENTER (RC)
- RC'S ARE IN ALPHABETICAL ORDER, SELECT APPROPRIATE RC – APPROVED FOR CHILD MADE ELIGIBLE OR IF CHILD HAS HOME REPLACEMENT, SELECT NEW RC. CLICK DATE RC SERVICES BEGAN
- SELECT DENIED IF CHILD FOUND INELIGIBLE
- \*\*NOTE: IF CHILD HAS MOVED, REMEMBER TO END DATE PRIOR SERVICING RC