

| GENERAL INFORMATION | |
|---|---|
| <p>This Excel file consists of 1 worksheet. The worksheet is labeled as to its function.</p> <p>If you are unable to see the tab for the worksheet across the bottom of the screen, click on the maximize button (the center button) located in the upper right-hand corner of the worksheet.</p> <p>The worksheet is protected to prevent the changing of formulas and formatting features built into the spreadsheets.</p> <p>You may submit completed forms in an electronic format or printed format. You must ensure that consumer information is protected as required by State and Federal law.</p> <p>FOR ELECTRONIC FORMATS ONLY: If you submit this form to the regional center electronically, use the following naming standard: Each file must start with the designation of "D" followed by the provider's three digit numerical designation and the month and year. See chart for month designations. For example: D372-JA04 is Form DS 1963 for provider ID# 372 for January 2004.</p> | |
| PROVIDER INSTRUCTIONS | |
| <p>Provider Information</p> <p><i>Vendor Name:</i> Enter the name of the provider as vendored by the regional center.</p> <p><i>Group Name:</i> Enter the group's worksite designation/name.</p> <p><i>Vendoring Regional Center:</i> Enter the name of the regional center that vendored the provider.</p> <p><i>Vendor Number:</i> Enter the agency's number provided by the vendoring regional center.</p> <p><i>Group Identification #:</i> Enter the group's DDS assigned identification number.</p> <p><i>Vendoring Regional Center ID#:</i> Enter the numerical ID for the regional center (see attached list) who authorized services for the consumer. If Department of Rehabilitation is funding vocational rehabilitation services enter 2218.</p> | |
| Type of Change Requested | |
| <p>Enter information in the areas below as applicable to change requested.</p> <p><i>*Current Group Name:</i> Enter the group's current name.</p> <p><i>*New Group Name:</i> Enter the new name being requested.</p> <p><i>*Effective Date:</i> Enter the date this request would be effective once approved.</p> <p><i>*Current Group Size:</i> Enter the group's current size.</p> <p><i>*New Group Size:</i> Enter the group size being requested.</p> <p><i>*Effective Date:</i> Enter the date this request would be effective once approved.</p> <p><i>*Reason for group size increase or decrease [Only for groups that go above 8 or below 3 consumers. (WIC §4851)]:</i> Enter rationale for the change.</p> <p><i>*Describe how vendor will bring group size into compliance with WIC §4851 requirement within 90 days:</i> Enter resolution plan.</p> <p>Asterisk (*) denotes best practice</p> | |
| Current Weekly Work Schedule | |
| <p>Work Day</p> | <p><i>Start Time:</i> Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their work day. Use AM and PM designations, for example: 8:00 AM.</p> <p><i>End Time:</i> Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their work day. Use AM and PM designations, for example: 8:00 AM.</p> |
| <p>Meal Break</p> | <p><i>Start Time:</i> Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their meal break. Use AM and PM designations, for example: 8:00 AM.</p> |

End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their meal break. Use AM and PM designations, for example:
8:00 AM.

Duration: This field calculates the daily total.

Total Hours Per Week: This field calculates the weekly total.

New Weekly Work Schedule

Effective Date: Enter the date this request would be effective once approved.

Work Day *Start Time:* Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their work day. Use AM and PM designations, for example:
8:00 AM.

End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their work day. Use AM and PM designations, for example:
8:00 AM.

Meal Break *Start Time:* Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their meal break. Use AM and PM designations, for example:
8:00 AM.

End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their meal break. Use AM and PM designations, for example:
8:00 AM.

Duration: This field calculates the daily total.

Total Hours Per Week: This field calculates the weekly total.

Implementation or Alteration of a Staggered Work Schedule

Effective Date: Enter the date this request would be effective once approved.

Reason for Staggered Work Schedule (Attach schedule to show how hours are staggered):

Enter rationale for staggered hours per Title 17 §58832

Group Transferred to and Reason for Transfer:

Enter the group ID number that the group is being transferred to and rationale for the transfer.

Effective Date: Enter the date this request would be effective once approved.

Group Termination and Reason for Termination

Enter rationale for termination.

Effective Date: Enter the date this request would be effective once approved.

DDS Use Only: DDS will complete.

Regional Center ID #:

| | | |
|-----|--------|---|
| 360 | FDLRC | Frank D. Lanterman Regional Center |
| 361 | GGRC | Golden Gate Regional Center |
| 362 | SDRC | San Diego Regional Center |
| 363 | FNRC | Far Northern Regional Center |
| 364 | ACRC | Alta California Regional Center |
| 365 | SARC | San Andreas Regional Center |
| 366 | TCRC | Tri-Counties Regional Center |
| 367 | CVRC | Central Valley Regional Center |
| 368 | RCOC | Regional Center of Orange County |
| 369 | IRC | Inland Regional Center |
| 370 | RCRC | Redwood Coast Regional Center |
| 371 | NBRC | North Bay Regional Center |
| 372 | KRC | Kern Regional Center |
| 373 | ELARC | East Los Angeles Regional Center |
| 374 | SCLARC | South Central Los Angeles Regional Center |
| 375 | HRC | Harbor Regional Center |
| 376 | WRC | Westside Regional Center |
| 377 | VMRC | Valley Mountain Regional Center |

| | | |
|-----|--------|--|
| 378 | NLACRC | North Los Angeles County Regional Center |
| 379 | SGPRC | San Gabriel/Pomona Regional Center |
| 380 | RCEB | Regional Center of the East Bay |

DOR Vocational Rehabilitation (VR) ID #:

| | | |
|------|----|-------------------------------|
| 2218 | VR | DOR Vocational Rehabilitation |
|------|----|-------------------------------|

Month Designations:

| | | | | | | | |
|----------|----|-------|----|-----------|----|----------|----|
| January | JA | April | AP | July | JL | October | OC |
| February | FE | May | MY | August | AG | November | NO |
| March | MR | June | JN | September | SE | December | DE |