

GENERAL INFORMATION

This Excel file consists of 1 worksheet. The worksheet is labeled as to its function.

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.

The worksheet is protected to prevent the changing of formulas and formatting features built into the spreadsheets.

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.

FOR ELECTRONIC FORMATS ONLY: If you submit this form to the regional center as an email attachment or on a CD ROM use the following naming standard: Each file must start with the designation of "G" followed by the provider's three digit numerical designation and the month and year. See chart for month designations. For example: G372-JA04 is Form DS 1969 for provider ID# 372 for January 2004.

FOR ELECTRONIC FORMATS ONLY: This form contains information protected under the Health Insurance Portability and Accountability Act (45 C.F.R Parts 160, 162 and 164). **The file must be password protected** to ensure the safety of the consumer's information. Coordinate with the regional center regarding protecting the consumer information contained in this form.

PROVIDER INSTRUCTIONS:*Provider and Regional Center Information*

Provider Name: Enter the name of the agency as vendored by the regional center.

Provider ID # (Regional Center #): Enter the vendor number assigned to the agency by the regional center.

Provider Address/City/ZIP/State: Enter the agency's address, city, ZIP code, and state.

Facility # (DOR Issued #): Enter the facility's numeric code assigned by the Department of Rehabilitation.

Funding Source Name: Enter the Abbreviation for the regional center (see attached list) which authorized services for the consumer. If Department of Rehabilitation is funding vocational rehabilitation services enter DOR.

Funding Source #: Enter the numerical code for the regional center (see attached list) which authorized services for the consumer. If Department of Rehabilitation is funding vocational rehabilitation services enter 2218.

Consumer Information:

Last Name: Enter the consumer's last name.

First Name: Enter the consumer's first name.

UCI Number: Enter the consumer's seven digit UCI #. **If the UCI # entered is less than or more than 7 digits the field will remain red.**

Date of Birth: Enter the consumer's date of birth. Enter date as mm/dd/yy.

Social Security Number: Enter the consumer's nine digit SSN number. **If the SSN # entered is less than or more than 9 digits the field will remain red.**

REASON FOR LEAVING EMPLOYMENT: (Employment information just prior to termination.)

Employment Start Date: Enter the consumer's starting date of employment. Enter date as mm/dd/yy.

Employment End Date: Enter the consumer's last date of employment. Enter date as mm/dd/yy.

Enter an "x" in the box that specifies consumer's reason for leaving the employment supported by this service provider.

Provider Contact: Enter the provider's contact name concerning consumer's exit.

Phone: Enter the provider contact's telephone number. Enter telephone as XXX XXX-XXXX.

Email: Enter the provider contact's email address.

Date: Enter the date provider contact signed the form. Enter date as mm/dd/yy.

Regional Center Use Only

Regional Center Contact: Enter the provider's contact name concerning consumer's exit.

Phone: Enter the provider contact's telephone number. Enter telephone as XXX XXX-XXXX.

Email: Enter the provider contact's email address.

Date: Enter the date regional center contact signed the form. Enter date as mm/dd/yy.

NOTICE

Read the notice and use the information to safeguard the consumer's information in accordance with the Health Insurance Portability and Accountability Act (45 C.F.R. Parts 160, 162 and 164).

Regional Center ID #:

Code	ABBRV	RC NAME
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
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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