

INLAND REGIONAL CENTER

...valuing independence, inclusion and empowerment

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CONSUMER NAME 

UCI: 

DOB: 

CONFIDENTIAL CLIENT INFORMATION

Inland Counties Regional Center, Inc.
See California Welfare & Institutions
Code, Section 4514


I hereby authorize Inland Regional Center to assist me in securing the services identified in my Individual Program Plan (IPP) and to release necessary information to secure these services. I understand that my decision to accept or reject these services now or in the future shall be honored. Disagreement with specific plan components shall not prohibit the implementation of services and supports agreed to by myself or where appropriate, my parents, legal guardian, or conservator. If I or, where appropriate, my parents, legal guardian, or conservator, do not agree with this plan in whole or in part or experience a delay in service delivery, I am aware that I have a right to a fair hearing as required by Section 4701.

The California State Legislature created the Family Cost Participation Program (FCPP), effective January 1, 2005, that requires some families of children between the ages of three and 17, to pay for part of respite, day care, and camping services. Regulations developed by the California Department of Developmental Services, state that the IPP signature page shall include a statement indicating that the regional center shall fund respite, day care, and camping services, consistent with the FCPP, if applicable. Therefore the regional center will only pay for the portion of respite, day care, and camping services identified in the IPP as is consistent with the FCPP. Additionally, the Regulations state that the FCPP shall not exempt parents from their responsibility for day care pursuant to Section 4685(c)(6) of the Welfare and Institutions Code.

Parents received the California Department of Developmental Services Family Services Cost Participation Program Guide.

(Parent Signature) (Date) (Service Coordinator) (Date)

Services: Respite Day Care Camp

Section 4647 of the Welfare and Institutions Code requires that the performance of the program coordinator be reviewed by the Regional Center, the person with developmental disabilities, and the person's parents or legal guardian or conservator. I have reviewed the performance of 

(Name of Program Coordinator)

He/She has been effective in that necessary evaluations, authorizations, case plans and follow along services have been followed in a thorough and timely manner. I request that he/she continue as my program coordinator.

My IPP was jointly prepared and agreed to by:

(Parent/Legal Guardian/Conservator Signature) (Date) (Consumer) (Date)



(Parent/Legal Guardian/Conservator Signature) (Date) (Consumer Services Coordinator) (Date)

FAMILY COST PARTICIPATION PROGRAM (Program Manager) (Date)

IPP Signature Page

ICRC 35FCPP (03-08-05)

