



DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

Desert Regional Center
5550 West Flamingo Road, Suite-C1
Las Vegas, NV 89103
Telephone (702) 486-7850 • Fax (702) 486-5855
<http://adsd.nv.gov>

Thank you for your application at the Desert Regional Center. Please be reminded of the following:

- Gather **ALL** documentation on the checklist prior to submitting application to Desert Regional Center.
- Sign and **date** the *Consent for Eligibility Assessment*
- Sign and **date** the Application on the day submitted.
- Fill out Health History form (*both sides*)
- **No Application will be accepted with missing documentation.** Missing documentation can significantly delay or prevent DRC from determining Eligibility.

If you have any questions, please contact the Intake Department at (702) 486-7850.

THANK YOU,
INTAKE DEPARTMENT
DESERT REGIONAL CENTER

DESERT REGIONAL CENTER
5550 W. Flamingo Road, Suite C1
Las Vegas, NV 89103
Phone: (702) 486-7850
Fax: (702) 486-5855

RURAL REGIONAL CENTER
1665 Old Hot Springs Road, Suite 157
Carson City, NV 89706
Phone: (775) 687-5162
Fax: (775) 687-1001

SIERRA REGIONAL CENTER
605 South 21st Street
Sparks, NV 89431-5599
Phone: (775) 688-1930
Fax: (775) 688-1947

Applicant Name: _____ DOB: _____ Age: _____ Sex: _____

Address: _____ Telephone No: _____
(Street) (City, State, and Zip Code) _____
Cell No.: _____

Nevada Resident: YES NO U.S. Citizen or Legal Resident: YES NO Primary Language: English
Diagnosis: Intellectual Disability Autism Spectrum Disorder Related Condition (Seizure, Cerebral Palsy, TBI, Fetal Drug/Alcohol Affect): _____

Services provided by agencies or individuals (neurologist, physician, psychologist, geneticist, etc.):

Received Special Education (Name/Address of Last School Attended):

SSDI Benefits: YES NO PENDING Nevada Medicaid: YES NO PENDING
SSI Benefits: YES NO PENDING Medicare: YES NO PENDING

Social Security No.:		Medicaid No.:		Medicare No.:	
Other Insurance:		Billing No.:			

I do hereby request services for the designated APPLICANT from the Nevada Regional Center, a community-based program authorized by the State of Nevada to serve residents of Nevada diagnosed with an intellectual disability or a related condition. I understand that I may withdraw this application request at any time. I understand that all information obtained by the Regional Center will be kept confidential. By signing this application, I consent to any psychological testing and/or assessments needed for eligibility determination. The Regional Center reserves the right to discontinue the application process due to loss of contact and/or lack of supporting information necessary for determining eligibility for services.

APPLICATION WILL BE CLOSED IF REQUIRED DOCUMENTS ARE NOT SUBMITTED IN 60 DAYS

Applicant: _____ Date: _____

Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY:

Services: Service Coordination Residential Supports LOC JDT
 In-Home Training Family Supports (POS) Respite CTC
 Family Preservation (FPP) Intermediate Care Facility SDFS

Referred: Self/Family Transfer within State NEIS Social Services BVR Katie Beckett
 School District Out-of-State DCFS Other: _____



Steve Sisolak
Governor

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Please obtain all the documentation checked below to support your application.

Mandatory Identification Documentation:

- ✓ Birth Certificate or Permanent Resident Card or Naturalization Certificate or US Passport
- ✓ Social Security Card
- ✓ Nevada ID or documentation confirming Nevada residency
- ✓ Income – Tax Return or 3 Pay Stubs for anyone working in the home
- ✓ Insurance card (copy both sides)- Private, Medicaid, or Medicare
- Immunization Record
- Medicare Card
- Social Security Award Letter documenting the current monthly benefit in Nevada
- Recent Photo
- Decree of Guardianship
- Custody Order
- Adoption Order

Mandatory Documentation of Developmental Disability :

- For all Applicants**
 - ✓ Obtain **All** School Special Education Reports (i.e. Multidisciplinary Team Reports, Triennial Evaluations done every 3 years, often beginning at preschool)
 - ✓ Copy of current or last IEP
- If over 25 years old and Educational Records are not available -**
 - ✓ Provide a copy of School Transcripts
 - ✓ Provide Letter from School District confirming that Special Education Reports no longer exists
 - ✓ Write a Letter about disability (When it was diagnosed, by whom, and what assistance was received)
- If applying under Autism Spectrum Disorder or a Related Condition:**

Please submit the following in addition to Educational Records:

<input type="checkbox"/> Psychological Assessments	<input type="checkbox"/> Neurological Assessments
<input type="checkbox"/> Autism Evaluations	<input type="checkbox"/> Psychiatric Assessments
<input type="checkbox"/> Medical Reports	<input type="checkbox"/> Genetic Report
- Other (specify): Records substantiating a qualifying condition (Prior Services, Regional Centers, etc.)**

After you have assembled **ALL** the records checked above, please provide copies of all documents to **Desert Regional Center at 5550 W Flamingo, Ste C1, Las Vegas, NV 89103, ATTN: Intake Dept., along with the signed application, a copy of this letter and the applicant's photo.** Upon receipt of all records that have been requested, we will begin processing the application. If you have any questions, please contact the intake office at **702 486-7850**. Our office hours are Monday through Friday, 8:00 am to 5:00 pm