

CONFIDENTIAL CLIENT PROFILE

Special Needs Addendum

Beneficiary: _____

Residential Address: _____

DOB: _____ Age: _____ Social Security #: _____

1. Please describe the medical, emotional, addiction or other on condition affecting your special needs beneficiary. Include a medical diagnosis, if applicable, but more importantly, describe the needs, limitations and potentials of the individual.

2. Benefits Eligibility. Please indicate what public benefits the person is currently receiving and provide copies of statements or other documentation relating to those benefits.

SSI Social Security Medi-Cal Medicare IHSS

HUD §8 Special Education Regional Center Food stamps, utility, etc.

Other (please describe): _____

3. Who is involved in the person's life? Please provide names and contact information for the concerned family members, social workers, doctors, etc. Please use the reverse side.

4. Has the person received an assessment or services from a Regional Center? If so, please provide copies. _____
