AREA BOARD XIII

Office of the State Council on Developmental Disabilities

State of California

8880 Rio San Diego Dr., Suite 250
San Diego, CA 92108-1634

Phone: 619-688-3323
Fax: 619-688-3296

ASSISTANCE REQUEST FORM **DATE: _____/_____/ 20_____**

CALLER

Name: _____
First Last

Address: _____
City State Zip

Daytime Phone: (____) _____ Fax (____) _____

Email: _____

CLIENT

Name: _____
First Last

Address: _____
City State Zip

Daytime Phone: (____) _____ Fax (____) _____

Email: _____

RC Case Manager: _____

Case Manager Phone: ( ) _____

What is your reason for contacting the Area Board?

_____
_____
_____
_____

What would you like to see happen?

_____
_____
_____
_____

What have you done, so far, to get what you need?

_____
_____
_____

I understand the above information is true and complete to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

□ Client □ Parent □ Conservator □ Guardian

Revised 1/13/2010