Registration for Individual Participants

This form is for homes already registered with CARH who need to provide update consumer information.

Name of home _____

Address, City & Zip _____

Phone number _____

Parents, Care Providers, or Independent Living clients complete this section.

Please list each Participating Individual

Ethnicity (Optional) Check all that apply

Degree of Mental Retardation

Name of Child, Consumer or Independent Living Client	Date of Birth M/D/Y	Male/Female (M/F)	Caucasian	African American	Hispanic	Asian	Other	Wheel Chair yes/no	RCEB Client yes/no	Mild	Moderate	Severe

Please attach a copy of the *Regional Center of the East Bay's* assessment for each participant, along with <u>their</u> case manager's name. If not a RCEB client you must send a *Doctor's Diagnosis* for that participant(s) and send with form.