



EASTERN LOS ANGELES REGIONAL CENTER

1000 S. FREMONT AVE. - P.O. BOX 7916 - ALHAMBRA, CA 91802-7916 (626) 299-4700 - FAX (626) 281-1163

COMMUNITY SERVICES DEPARTMENT

Announces the

“RESIDENTIAL SERVICES ORIENTATION ”

This orientation is designed to fulfill requirements for: all prospective vendors of residential services who wish to become vendorized to provide services; Administrators for a new residential facility; and Administrators who have not served as an Administrator in the last 2 or more years. The orientation will provide information on:

- Record Maintenance Requirements
- Vendorization Procedures
- Service Level Approval and Consumer Eligibility Criteria
- Regional Center Evaluation and Monitoring Processes
- Access Requirements
- Consumer’s Rights
- Elements of the Program Design

WHEN: June 4th, June 11th & June 18th, 2018

TIME: -Registration 8:30 a.m.-9:00 a.m.
 -Session I- 9:00 a.m.- 4:00 p.m.
 -Session II- 9:00 a.m.- 4:00 p.m.
 -Session III- 9:00 a.m. -12:30 p.m. (including test) Test taking limit is two (2) hours.

***Participants must attend entire sessions consecutively and cannot miss a portion of a day or be more than 15 minutes late on any day.**

REQUIREMENTS: Participants must bring pencil & paper for note taking. Orientation **FEE** of **\$150.00** includes a comprehensive packet.

Make check payable to ELARC and send to the attention of Ofelia Martinez.

Check and registration form must be received by

Tuesday, May 15, 2018, unless class sells out before. NO EXCEPTIONS.

****NO ON-SITE REGISTRATION.**

****NO REFUNDS EXCEPT IN CASE CLASS IS CANCELLED OR SOLD OUT**

****Location and parking instructions will be sent with your confirmation. Confirmations will be sent via e-mail, therefore, e-mail address MUST be provided.**

**** Registration forms will not be processed without an acknowledgment signature below.**

*Participants must attend the entire three-day session and meet minimal scoring requirements on the homework assignment (90%) and test (70%) to complete the orientation program.



REGISTRATION FORM

RESIDENTIAL SERVICES ORIENTATION

(PLEASE **PRINT** ALL INFORMATION BELOW **CLEARLY**)

USE **ONE** REGISTRATION FORM PER REGISTRANT

Name: _____

Agency Name: _____ Phone #: _____

E-mail: _____ Fee-\$150 per person: _____

TOTAL

Address: _____ City & Zip _____

X _____

I, the registrant, acknowledge the terms of my registration, as stated above, with my signature.

NOTE: Registration form and checks must be submitted by Tuesday, May 15, 2018.

RETURN TO: Christina Razo, Community Services Division (626) 299-4847
ELARCDD, Inc.; P.O. Box 7916, Alhambra, CA 91802-7916 • FAX (626) 299-4676