

Early Childhood Life Care Portfolio

Organizing Health, Life, Work and
Educational Documentation for
Families and Individuals
with Disabilities



RCOC

 **CHAPMAN
UNIVERSITY**

**Thompson Policy Institute
on Disability**



CalOptima Health

 **CHOC**

THOMPSON
Autism and
Neurodevelopmental Center

Thank you to Virginia's Parent Educational Advocacy Training
Center for sharing the basics of this Life Care Tool.



Credits to...

- PEATC: Virginia's Parent Educational Advocacy Training Center
- Orange County Local Partnership Agreement-Family Work Team

OCLPA Family Work Team:

- Melissa Cory | *Parent*
- Hilary Kershberg | *Parent*
- Hilda Sramek | *Parent*
- Shu-chuan Chen Hsu | *Parent*
- Brandi Pooley | *Parent*
- Judi Uttal | *Parent*
- Kaitlynn Truong | *RCOC*
- Arturo Cazares | *RCOC*
- Scarlett von Thenen | *SCDD*
- Richard Rosenberg | *CUTPI*
- Linda O'Neal | *CUTPI & RCOC*
- Yandel Salas | *CUTPI*
- Ivanna Tjitra | *CUTPI*
- Elissa Green Kaustinen | *TANC/CHOC & TPI*

Table of Contents

SECTION I

Overview of Individual01

Emergency Contacts.....03

Additional Important Contacts04

SECTION II

Medical Information.....05

SECTION III

Financial Information 14

SECTION IV

Disability Services 16

Regional Center 18

SECTION V

Educational Documentation..... 19

SECTION VI (17+)

Employment/Employment Preparation20

SECTION VII

Legal Information & Important Documents22

Resources.....24

Early Childhood Life Care Portfolio

Directions

- The Early Childhood Life Care Portfolio is a personalized tool kit meant to provide an organized approach to sharing information with designated family member(s)/ Primary Caregivers.
- This portfolio was designed for California residents, however, individuals residing outside of California may want to check specifics in their state.
- This portfolio was designed to be used in electronic and/or hard copy formats.
- You may delete or add sections and/or information as it pertains to the Individual. As situations change, please update with new information.
- This document contains sensitive and/or confidential information. Please take precautions when sharing this document to promote security and privacy.
- Each section has a notes page for additional information
- At the end of the document you have the ability to upload important documents and also a "Resource Section" for those who would like more information.

Disclaimer

Please note your use of and reliance on this Early Childhood Life Care Portfolio template is at your own risk. The Early Childhood Life Care Portfolio templates are intended to be used as a starting point from which you will create your own portfolio. Please note that it is your responsibility to ensure that the content of any document you create that is based on our template is correct and appropriate for your needs and complies with relevant laws in your state. This Early Childhood Life Care Portfolio makes no claim, promises, or guarantees to the accuracy, completeness, or adequacy of this document. We assume no liability for the portfolio templates or their contents and expressly exclude and disclaim liability for any expense lost or damage suffered or incurred in reliance on this portfolio or its contents. For a more comprehensive portfolio tailored for individuals aged 17 and older, please refer to the Life Care Portfolio.

Overview of Individual * *

Name

Date of Birth (DOB)

Place of Birth

Social Security Number (SSN)

Current Mailing Address

Current Physical Address

Currently Lives With:

Comments

* * See documents sections for important copies needed

Overview of Individual

Likes

Dislikes

Safety Concerns/Plans

Is the individual registered with local authorities?

☐ Take Me Home Registry (OC Sheriff's Department — 24 Cities)

☐ Local Police Department

Additional Information:

Emergency Contacts (in Order of Importance)

Next of Kin to be contact in case of emergency

Emergency Contact #1

Name _____	Relationship to Individual _____
Phone Contact _____	Email Address _____
Physical Address _____	

Emergency Contact #2

Name _____	Relationship to Individual _____
Phone Contact _____	Email Address _____
Physical Address _____	

Emergency Contact #3

Name _____	Relationship to Individual _____
Phone Contact _____	Email Address _____
Physical Address _____	

Emergency Contact #4

Name _____	Relationship to Individual _____
Phone Contact _____	Email Address _____
Physical Address _____	

Regional Center of Orange County

If you are in need of assistance from RCOC Staff during evenings or weekends, please call **(714) 796-5100** and ask for the **“Individual on Call”** and someone will assist you.

Additional Contacts

Preschool/School of Attendance

Name _____

Phone Number _____

Email Address _____

Respite Care Worker

Name _____

Phone Number _____

Email Address _____

Payment Provided By _____

Schedule with Individual _____

Babysitter

Name _____

Phone Number _____

Email Address _____

Payment Provided By _____

Schedule with Individual _____

Daycare

Name _____

Phone Number _____

Email Address _____

Payment Provided By _____

Schedule with Individual _____

Medical Information

Documentation of Disability**

Diagnosis of Disability

Insurance Record**

Does the Individual Qualify for CalOptima? ☐ Yes ☐ No

Medical Insurance Information (Picture of Insurance Cards**)

Primary Insurance Company**

Policy Number

Certificate/Group Number

Policy Owner

Phone Number of Company

Personal Care Coordinator Phone Number

Name(s) of Person on Record with Company who Can Speak on Behalf of Individual

** See Documents section for important copies needed

Medical Information

Insurance Record**

Secondary Insurance Company**

Certificate/Group Number

Phone Number of Company

Policy Number

Policy Owner

Personal Care Coordinator Phone Number

** See Documents section for important copies needed

Notes Regarding Overview of Individual

Allergy Information (if applicable)

Negative or Adverse Reaction to Medications

Foods

Latex

Additional Life-Threatening Allergies

Life-Threatening Allergies

Diabetic Conditions

Seizures

** See Documents section for copies of Birth Certificate, Passport, Immigration Card, Daily/Weekly/Monthly Schedule, etc.

Medical Information (List of Medical Personnel)

Primary Care

Name/ Specialty

Phone Number

Address

Email Address

Frequency of Visits

Uploaded Records**

Portal Access

Username

Password

Is a Copy of the Individual's Vaccination Records Attached to this Document?

☐ Yes

☐ No

Urgent Care Facility Accepting Individual's Insurance

Name

Address

Phone Number _____

Medical Information (List of Medical Personnel)

Psychologist

Name/ Specialty

Phone Number

Address

Email Address

Frequency of Visits

Uploaded Records**

Portal Access

Username

Password

Dentist

Name/ Specialty

Phone Number

Address

Email Address

Frequency of Visits

Uploaded Records**

Portal Access

Username

Password

Medical Information (List of Medical Personnel)

Vision-Specialist/Ophthalmologist

Name/ Specialty

Phone Number

Address

Email Address

Frequency of Visits

Uploaded Records**

Portal Access

Username

Password

Other Specialists

GI

ABA

Neurologist

Audiologist

Speech Therapist

Occupational Therapist

Physical Therapist

Other Specialists

Medical Information (List of Medical Personnel)

Pharmacy

Name/ Specialty

Phone Number

Address

Portal Access

Username

Password

24-Hour Pharmacy (Name and Address)

Lab Testing

Name/ Specialty

Phone Number

Address

Email Address

Portal Access

Username

Password

Medical Information (Durable Medical Equipment)

Equipment Type

Contact/Service Information

Serial Number

Warranty Number**

Date of Purchase

Payment

By Who

How Much

Is There Money Still Owed?

☐ Yes ☐ No Amount Owed: _____

Medical Information

Additional Notes Re: Medical Information

GI Difficulties

Feeding

Hearing Impairment

Vision Impairment

Cardiac

Speech & Language AAC Device

ADHD

Sleep

ENT – Ear, Nose, Throat

Financial Information

ABLE/CalABLE Investment Account

Name(s) On Account

Phone Number

Website

Account Number

Routing Number

Secondary Authorization Sent To

Security Password

Security Questions

Does the Individual have a Special Needs Trust? ☐ Yes ☐ No

Financial Information (Insurance Policies * *)

Life Insurance

Policy Issuer

Phone Number

Policy Number

Name on Policy

Beneficiary

Website

Username

Password

Secondary Authorization Sent To:

Payment on Account

What Bank Account Is Used?

How Often Is Policy Used?

Method of Payment (Automatic Withdrawals, Yearly, Monthly, etc.)

Disability Services**

What Benefit does Individual receive from the Social Security Administration?

- ☐ SSI
- ☐ SSDI
- ☐ Childhood Disability Benefits (CDDb)
- ☐ Other: _____

www.myssa.gov

Username

Password

Secondary Authorization Sent To

Monthly Report of Wages for SSI/SSDI Recipient: ☐ Sent by mail ☐ Reported on myssa.gov

Sent with paychecks (SSA Work Incentives such as job coaching, para-transit, etc...)

**Verification/Award Letter
from Social Security****

**Benefits Currently Receiving
(Bank account associated with
Social Security Benefits)**

Disability Services**

State/Federal/Vendor Disability Services**

In Home Supportive Services (IHSS)

Office Phone Number

Social Worker's Name and Phone Number

Yearly Renewal Done

Recipient ID#

Service Provider Name and ID#

Monthly Hours Authorized

Time Sheet Website Address: <https://www.etimesheets.ihss.ca.gov/login>

Timesheet Entry-Filled Out by Provider on 15th and 30th of Month (on website)

Username

Password

Time Sheet Signer/Approval

Username

Password

Additional Notes

Regional Center

State/Federal/Vendor Disability Services ** (Regional Center)

Regional Center of Orange County (RCOC)

Address of RCOC

Office Phone Number (714)796-5100

Service Coordinator

Phone Number

Email address

Username (to open emails)

Password (to open emails)

UCI#

Individual Program Plan **

Self Determination Program/PDP **

Location of past documentation from RCOC

☐ Qualifies for Early Intervention

☐ Qualifies for RCOC 3 years +

Educational Documentation

Current School

Enrolled in: _____

Address

Phone Number

Teacher

IEP& ITP/IFSP/504 Plan**

Psycho-Educational Report** (Most Recent)

Academic Accommodations**

☐ Assistive Technology

Post Secondary Education

Currently Enrolled in: _____

Address

Phone Number

Counselor or Best Contact Person

Programming (Non-Credit, Credit Classes,
Major, Certificates, etc.)^{**}

Post-Secondary Plan^{**} (SSP, ISP and/or
Disability Services Plan)

Academic Accommodations^{**}

Individual Plan for Employment (IPE)

Workplace Accommodations^{**}

Disability Services Enrollment
Information/Contract^{**}

Support Funded By (DOR and/or Regional Center)

Employment

Resume

DOR (Department of Rehabilitation) Individual Plan for Employment (IPE)

Public Benefits Planning Requirements (Wage Reporting & other)

Service Provider Agency for job skills training

Job Coach

Person Driven Plan (PDP) **

Workplace Accommodations **

SSA Work Incentives i.e., job coaching, certain types of transportation, work- related equipment, PASS Plan, Student Earned Income Exclusion (SEIE), etc.)

Paid Work Experience

Legal Information

Limited Conservatorship**

Individual is Conserved: ☐ Yes ☐ No

Areas where conservatorship was granted by the court:
(Mark all that apply... rights granted by court)

- ☐ To determine residence
- ☐ To have access to confidential records
- ☐ To get married
- ☐ To enter into contracts
- ☐ To give consent for medical treatment
- ☐ To control social and sexual contacts
- ☐ To make educational decisions

Conservators

Alternatives to Conservatorship**

Supported Decision Making (SDM) -
Individual participates in Supported Decision Making:** ☐ Yes ☐ No

SDM Support Individuals receive

Power of Attorney:** ☐ Yes ☐ No

Advanced Health Care Directive:** ☐ Yes ☐ No

Supported Decision-Making Document:** ☐ Yes ☐ No

Educational Decision-Making Authority CA Ed Code 56041.5:** ☐ Yes ☐ No

Right to Access Confidential Forms/HIPAA Medical Release:** ☐ Yes ☐ No

There may be additional forms that government agencies require signatures on to allow for accessing someone else's records.

Important Documents

The following list is not all inclusive, please individualize for specific needs

- ☐ State ID or Drivers License or NY Life ID
- ☐ Immigration Card
- ☐ Documentation of Disability
- ☐ Vaccination Record
- ☐ Medical Insurance Card(s)
- ☐ Health Directives
- ☐ Special Needs Trust/Cal Able Account
- ☐ Social Security Award Letter (if applicable)
- ☐ IHSS Approved Hours Notice of Action
- ☐ Self Determination Documents (Spending Plan & Certified Budget) – Reigional Center
- ☐ Most Recent Regional Report IFSP
- ☐ IEP & Psych Report
- 17+ / Adult
 - ☐ Conservatorship Paperwork
 - ☐ Power of Attorney Paperwork
 - ☐ Supported Decision-Making Paperwork

Additional Information

Resources

Resources Section

- **Thompson Autism & Neurodevelopmental Center**
- **Housing Authorities in Orange County**
- **In-Home Support Services (IHSS)**
- **Law Enforcement Safety Programs**
- **Regional Center of Orange County (RCOC)**
- **Social Security Administration (SSA)**
- **Department of Rehabilitation (DOR)**

Thompson Autism & Neurodevelopmental Center

<https://choc.org/programs-services/autism-neurodevelopmental/>

The Thompson Autism and Neurodevelopmental Center is a multidisciplinary clinic that provides diagnostic evaluations, behavioral consultations, therapy, & medical management for children & families affected by Autism Spectrum Disorder.

TANC

**170 S. Main St.
Orange, CA 92868
(714) 288-7651**

Housing Authorities

Housing Authorities administer federally funded programs to provide rental assistance to qualified tenants in privately owned rental housing. The largest such program is referred to as the Housing Choice Voucher Program. Participants who receive a Housing Voucher can use this rental assistance in a variety of rental dwellings and locations with almost any property owner who is willing to participate in the program. Families qualify for rental subsidies based on their income. Once eligibility is determined, families are authorized to seek privately owned rental units.

Due to a long waiting list, the Housing Authority accepts new applications for the program only periodically. A public announcement is made when the program is open to new applicants.

GGHA (Garden Grove Housing Authority)

- **Address: 11277 Garden Grove Blvd., Suite 100, Garden Grove, CA 92843**
- **Phone: (714) 741-5150**
- **<https://ggcity.org/housing-authority>**

(Housing Authorities resources continue on next page)

Resources

Housing Authorities (Continued)

OCHA (Orange County Housing Authority)

- **Address:** 1501 E St Andrew Pl, Santa Ana, CA 92705
- **Phone:** (714) 480-2700
- **<https://www.ochousing.org/>**

SAHA (Santa Ana Housing Authority)

- **Address:** 20 Civic Center Plaza, Santa Ana, CA 92701
- **Phone:** (714) 667-2284

In-Home Support Services (IHSS)

<https://ssa.ocgov.com/elderdisabled-home-services/home-supportive-services>

The purpose of the IHSS program is to provide supportive services to persons who are aged, blind, or disabled, and who are limited in their ability to care for themselves and cannot live at home safely without assistance. This includes persons who would be able to return to their homes from hospitals, nursing homes, or board and care homes if they had help at home.

IHSS

**1505 East Warner Ave
Santa Ana, CA 92705
(714) 825-3000**

Law Enforcement Safety Programs

These programs are designed to assist officers in locating lost persons or assisting individuals found in the community, lost or confused. A searchable database provides vital information/tools to law enforcement personnel to assist in the return to family. This provides an opportunity to indicate special behavioral support needs into a searchable data base.

If needed, please check with your local city to determine if this service is available in your area.

Return Home Registry/Irvine Police Department

- **<https://www.cityofirvine.org/departments-administration/return-home-registry>**

Take Me Home Registry (OC Sheriff's Department-24 Cities)

- **<https://www.ocsheriff.gov/community/take-me-home-program>**

Resources

Regional Center of Orange County

<https://www.rcocdd.com/>

RCOC collaborates with persons with developmental disabilities, their families, and the community to secure individualized services and supports that enhance the quality of life for the people we serve and assist them in realizing their full potential. The regional center is the first stop for individuals and families seeking to obtain local services and supports to help them live safely and with dignity in the community.

Currently, RCOC serves over 23,000 Orange County's children and adults with developmental disabilities and their families. Developmental disabilities include autism, epilepsy, cerebral palsy, and intellectual disabilities.

If you are in need of assistance from RCOC Staff during evenings or weekends, please call (714) 796-5100 and ask for the "Individual on Call" and someone will assist you.

**RCOC
1525 North Tustin Ave.
Santa Ana, CA 92705**

Social Security Administration (SSA)

<https://www.ssa.gov/>

You may apply for SSDI or SSI at any Social Security office.

Local office address:

Local phone number and name of person to contact:

General phone number-1-800-772-1213

Supplemental Security Income

- SSI stands for Supplemental Security Income. Social Security administers this program. We pay monthly benefits to people with limited income and resources who are blind, age 65 or older, or have a qualifying disability. Children with disabilities or who are blind may also get SSI.

Social Security Disability Income

- If you feel that you are no longer able to work because of physical and/or mental reasons, you may be eligible for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) disability payments. To be considered disabled, you must be unable to perform any substantial work due to a physical and/or mental condition, which has lasted or can be expected to last for at least 12 months or can be expected to result in death.
- SSDI eligibility is based on previous contributions to Social Security, and SSI eligibility is based on your income level. If you are found eligible for SSI payments, you may also qualify for State Supplemental Payments (SSP).

Resources

Department of Rehabilitation (DOR)

<https://www.dor.ca.gov/>

The California Department of Rehabilitation is a California state department which administers vocational rehabilitation services. It provides vocational rehabilitation services and advocacy from over 100 locations throughout California seeking employment, independence, and equality for individuals with disabilities.

Local office address:

Local phone number and name of person to contact:

General phone number: 1-800-772-1213