

Regional Center Funding Request

Initial recreation consultation & participation needs assessment

Participant name / preferred name:

Date of birth:

UCI / client number (if known):

Regional Center:

Service coordinator name:

Participant / legal guardian name:

Email / phone:

REQUESTED SERVICE: ONE-TIME ASSESSMENT • \$250 PER PARTICIPANT

I request authorization and funding for the participant to receive an initial recreation consultation and participation needs assessment with **OMG Youth Sports & Enrichment** for **Power of Movement Inclusive**. Please consider this request through the participant's IPP planning process and confirm the appropriate funding and payment arrangement.

Purpose: Identify the participant's interests, communication preferences, sport or movement experience, accessibility and safety needs, and the coaching support needed to participate in noncompetitive community recreation.

The assessment will inform: An individualized participation plan with starting sport or movement, everyday independence and communication / participation goals; recommended group or dedicated 1:1 coaching / safety support; and suitable activity adaptations.

Program context: Ages 5-24, all skill levels; serving all of California. 1:1, semi-private and small-group sessions at home, school, a local park or gym. The consultation is nonmedical and nontherapeutic and does not provide a diagnosis or clinical evaluation.

Family's reason for requesting this assessment / relevant IPP goal:

Request scope: This request is for the \$250 initial consultation / participation assessment only. Ongoing sessions would be requested separately. For SDP participants, please confirm any required spending-plan inclusion and FMS payment arrangements.

Participant / legal guardian signature:

Date:

Please send written approval and payment instructions to the family and copy OMG:
omgyouthsports@gmail.com • (323) 314-8593 • omgsportsla.com

Please contact OMG if additional provider information or documentation is needed.