

Consultation funding request

Health Matters: Everyday Independence | RC / SDP | \$250 per participant

Participant name

Date of birth

Regional Center

UCI / client number (if known)

Service coordinator

Participant / authorized representative

Contact email / phone

Requested service: One-time initial recreation consultation / participation assessment with **OMG Youth Sports and Enrichment** for **Health Matters: Everyday Independence**. **Cost: \$250 per participant.**

I request funding for this consultation to explore the participant's interests, communication preferences, wellness interests and experience, support and safety needs. It will inform a personalized starting plan and appropriate support for light exercise, shopping, cooking and community participation.

This is nonmedical, nontherapeutic recreation planning. This request covers the consultation only; the \$6,200, 12-week program requires separate authorization. Please confirm approval and payment instructions. For SDP, confirm any required spending-plan and FMS arrangements.

Reason for requesting the consultation / relevant goal

Participant / authorized representative name

Date

SEND TO YOUR COORDINATOR AND COPY OMG:

omgyouthsports@gmail.com

(323) 314-8593