GENERAL INFORMATION

This Excel file consists of 1 worksheet. The worksheet is labeled as to its function.

If you are unable to see the tab for the worksheet across the bottom of the screen, click on the maximize button (the center button) located in the upper right-hand corner of the worksheet.

The worksheet is protected to prevent the changing of formulas and formatting features built into the spreadsheets.

You may submit completed forms in an electronic format or printed format. You must ensure that consumer information is protected as required by State and Federal law.

FOR ELECTRONIC FORMATS ONLY: If you submit this form to the regional center electoncially, use the following naming standard: Each file must start with the designation of "D" followed by the provider's three digit numerical designation and the month and year. See chart for month designations. For example: D372-JA04 is Form DS 1963 for provider ID# 372 for January 2004.

PROVIDER INSTRUCTIONS

Provider Information

Vendor Name: Enter the name of the provider as vendored by the regional center.
Group Name: Enter the group's worksite designation/name.

Vendoring Regional Center: Enter the name of the regional center that vendored the provider.

Vendor Number: Enter the agency's number provided by the vendoring regional center.
Group Identification #: Enter the group's DDS assigned identification number.
Vendoring Regional Center ID#: Enter the numerical ID for the regional center (see attached list) who authorized services for the consumer. If Department of Rehabilitation is funding vocational rehabilitation services enter 2218.

Type of Change Requested

Enter information in the areas below as applicable to change requested.

*Current Group Name: Enter the group's current name.
*New Group Name: Enter the new name being requested.
*Effective Date: Enter the date this request would be effective once approved.
*Current Group Size: Enter the group's current size.
*New Group Size: Enter the group size being requested.
*Effective Date: Enter the date this request would be effective once approved.
*Reason for group size increase or decrease [Only for groups that go above 8 or below 3 consumers. (WIC §4851)]: Enter rationale for the change.
*Describe how vendor will bring group size into compliance with WIC §4851 requirement within 90 days: Enter resolution plan.

Asterisk (*) denotes best practice

Current Weekly Work Schedule

Work Day   *Start Time:* Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their work day. Use AM and PM designations, for example: 8:00 AM.

End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their work day. Use AM and PM designations, for example: 8:00 AM.

Meal Break   *Start Time:* Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their meal break. Use AM and PM designations, for example: 8:00 AM.

	End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their meal break. Use AM and PM designations, for example: 8:00 AM.
	Duration: This field calculates the daily total.
	Total Hours Per Week: This field calculates the weekly total.

New Weekly Work Schedule

	Effective Date: Enter the date this request would be effective once approved.
Work Day	*Start Time:* Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start their work day. Use AM and PM designations, for example: 8:00 AM.
	End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their work day. Use AM and PM designations, for example: 8:00 AM.
Meal Break	*Start Time:* Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will start theirmeal break. Use AM and PM designations, for example: 8:00 AM.
	End Time: Enter for each day of the week (e.g., Monday, Tuesday), as applicable, the time the consumers will end their meal break. Use AM and PM designations, for example: 8:00 AM.
	Duration: This field calculates the daily total.
	Total Hours Per Week: This field calculates the weekly total.

Implementation or Alteration of a Staggered Work Schedule

	Effective Date: Enter the date this request would be effective once approved.
	Reason for Staggered Work Schedule (Attach schedule to show how hours are staggered): Enter rationale for staggered hours per Title 17 §58832

Group Transferred to and Reason for Transfer:

	Enter the group ID number that the group is being transferred to and rationale for the transfer.
	Effective Date: Enter the date this request would be effective once approved.

Group Termination and Reason for Termination

	Enter rationale for termination.
	Effective Date: Enter the date this request would be effective once approved.

DDS Use Only: DDS will complete.

Regional Center ID #:

360	FDLRC	Frank D. Lanterman Regional Center
361	GGRC	Golden Gate Regional Center
362	SDRC	San Diego Regional Center
363	FNRC	Far Northern Regional Center
364	ACRC	Alta California Regional Center
365	SARC	San Andreas Regional Center
366	TCRC	Tri-Counties Regional Center
367	CVRC	Central Valley Regional Center
368	RCOC	Regional Center of Orange County
369	IRC	Inland Regional Center
370	RCRC	Redwood Coast Regional Center
371	NBRC	North Bay Regional Center
372	KRC	Kern Regional Center
373	ELARC	East Los Angeles Regional Center
374	SCLARC	South Central Los Angeles Regional Center
375	HRC	Harbor Regional Center
376	WRC	Westside Regional Center
377	VMRC	Valley Mountain Regional Center

	378	NLACRC	North Los Angeles County Regional Center				
	379	SGPRC	San Gabriel/Pomona Regional Center				
	380	RCEB	Regional Center of the East Bay				
DOR Vocational Rehabilitation (VR) ID #:							
	2218	VR	DOR Vocational Rehabilitation				
Month Designations:							
	January	JA	April	AP	July	JL	October	OC
	February	FE	May	MY	August	AG	November	NO
	March	MR	June	JN	September	SE	December	DE