

**Representative Authorization Form**

DS 1819 (Rev. 12/2023)

**WHAT IS THIS FORM FOR?**

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This form is used to give permission to share personal information about you (the person who is seeking or receiving regional center services). It also can be used to give someone permission to represent you in a consumer rights complaint or service appeal. This is different from an Authorized Representative that is appointed by the State Council of Developmental Disabilities (SCDD) or a court.

Parents of a minor child, conservators, or legal guardians of persons seeking or receiving regional center services do not need to complete this form to give permission to themselves. They already have legal permission. However, they may use this form to give permission to someone else to represent you in a consumer rights complaint or service appeal. Proof of relationship to the person seeking or receiving regional center services may need to be provided later.

The different types of consumer rights complaints and service appeals are:

- Early Start Complaint – When you disagree with a service or eligibility decision or believe the rights have been violated for a child from birth until the age of three.
- Lanterman Service Appeal – When you disagree with a Lanterman service or eligibility decision proposed by a regional center.
- 4731 (Consumer Rights Complaint) – When you believe your rights have been violated by a regional center or a service provider. These complaints are not about services or eligibility.

**WHERE TO GET HELP**

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- Your service coordinator or other regional center staff, if you ask them.
- Your clients' rights advocate (CRA) at:
  - (800) 390-7032 for Northern California, or
  - (866) 833-6712 for Southern California, or
  - [Find the clients' rights advocate at your regional center here.](#)
- The Ombudsperson Offices at (877) 658-9731 or [ombudsperson@dds.ca.gov](mailto:ombudsperson@dds.ca.gov), or find more information [online here](#).
  - If you are in the Self-Determination Program, please email: [sdp.ombudsperson@dds.ca.gov](mailto:sdp.ombudsperson@dds.ca.gov) or find more information [online here](#).
- The State Council on Developmental Disabilities (SCDD). To find your local SCDD office, select "Regional Offices" at the top of this webpage: [www.scdd.ca.gov](http://www.scdd.ca.gov) and then choose your area. You also can reach SCDD at (833) 818-9886.
- Disability Rights California (DRC) at:
  - 1-800-776-5746
  - 1-800-719-5798 for TTY call
  - You also can complete [DRC's online intake form](#).
- You also may get help from a Family Resource Center: <https://frcnca.org/get-connected/>.
- Your regional center may help you find a local parent support group or community-based organization that can help you.

**Confidential Client Information, California Welfare and Institutions Code Sections 4514 and 5328,  
Health Insurance Portability and Accountability Act**

Case Number: \_\_\_\_\_

(Internal Use Only)

\* Required Fields

**INFORMATION ABOUT THE PERSON RECEIVING OR SEEKING REGIONAL CENTER SERVICES:**

\*First Name:  \*Last Name:  \*Date of Birth:  Unique Client Identifier (UCI)

\*Regional Center:

**WHAT DO YOU WANT REPRESENTATION FOR? (You may select more than one option)**

☐ Consumers' Rights Complaint (4731) ☐ Lanterman Service or Eligibility Appeal  
☐ Early Start Complaint ☐ Other:

**REPRESENTATIVE'S INFORMATION:**

\*First Name:  \*Last Name:

\*Relationship to person receiving or seeking regional center services:

☐ Parent of an adult child ☐ Legal Advocate ☐ Other:   
☐ Family Member ☐ Attorney  
☐ Friend ☐ Guardian

\*Street Address:

\*Apartment number:

\*City:

\*Zip Code:

\*Primary Phone Number:

Primary Phone Number Type:

☐ Cell ☐ Home ☐ Work

Are text messages okay?

☐ Yes ☐ No  
(Data Charges may apply)

Secondary Phone Number:

Secondary Phone Number Type:

☐ Cell ☐ Home ☐ Work

Are text messages okay?

☐ Yes ☐ No  
(Data Charges may apply)

Email Address:

**SIGNATURE SECTION:**

By signing this form, I am giving written permission to the representative named above to receive information and/or represent the person receiving or seeking services, as identified above.

\*Signature:

\*Printed Name:

\*Date Signed:

If you are filling this form out on behalf of someone else, what is your relationship to the person receiving or seeking regional center services:

☐ Parent of minor child  
☐ Conservator  
☐ Legal Guardian  
☐ Authorized Representative (\*Appointed by a governing body such as the SCDD or a court)

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