

Life Care Portfolio

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



**Thompson Policy Institute
on Disability**



CalOptima Health

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

OCLEPA 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 vonThenen | *SCDD*
- Richard Rosenberg | *CUTPI*
- Linda O'Neal | *CUTPI & RCOC*
- Yandel Salas | *CUTPI*
- Ivanna Tjitra | *CUTPI*

Life Care Portfolio

Directions

- The 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 can use this portfolio, but 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 Life Care Portfolio template is at your own risk. The 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 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.

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Overview of Individual * *

Name

Date of Birth (DOB)

Place of Birth

Social Security Number (SSN)

CA State ID/Driver's License Number * *

Current Physical Address

Current Mailing Address

Individual's Cell Phone Number

Currently Lives With:

Comments

Overview of Individual

Medical Alerts:

Current Height and Weight

Religious Preference

Characteristics of Individual: (Critical characteristics, personality traits, motivators, triggers, hints to deal with stress, food preferences, etc.)

Recreational, Social, and Fitness Activities

Spirit League Special Olympics Other Recreation Program _____

Fitness Plan/Routine:

Overview of Individual

Family Members (See "Contact Information" for more information)

Parents

Siblings

Grandparents

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:

Notes Regarding Overview of Individual

Additional Life-Threatening Allergies

Life-Threatening Allergies

Diabetic Conditions

Seizures

Additional Information

Does the Individual Smoke?

Yes No

Does the Individual Drink?

Yes No

Other Concerns:

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

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 RCOOC Staff during evenings or weekends, please call **(714) 796-5100** and ask for the **“Individual on Call”** and someone will assist you.

Additional Contacts

Attorney

Name _____ Phone Number _____
Email Address _____ Type of Attorney _____

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 _____

Life Coach

Name _____ Phone Number _____
Email Address _____ Payment Provided By _____
Schedule with Individual _____

Additional Contacts

Other Support Staff

Friends

Name _____ Phone Number _____

Email Address _____

Name _____ Phone Number _____

Email Address _____

Name _____ Phone Number _____

Email Address _____

Name _____ Phone Number _____

Email Address _____

Name _____ Phone Number _____

Email Address _____

Medical Information

Documentation of Disability**

Diagnosis of Primary Disability

Secondary Diagnoses

Insurance Record**

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**

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

Supplemental 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

Vaccination Records**

Allergy Information (if applicable)

Negative or Adverse Reaction to Medications

Foods

Latex

Urgent Care Facility Accepting Individual's Insurance

Name

Address

Phone Number _____

Medical Information (List of Medical Personnel)

Primary Care

Name/ Specialty

Phone Number

Address

Email Address

Frequency of Visits

Uploaded Records**

Portal Access

Username

Password

Psychiatrist

Name/ Specialty

Phone Number

Address

Email Address

Frequency of Visits

Uploaded Records**

Portal Access

Username

Password

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

Gastroenterologist

Orthopedic

Neurologist

Audiologist

Other Specialists

Medical Information (List of Medical Personnel)

Pharmacy

Name/ Specialty

Phone Number

Address

Email Address

Frequency of Visits

Uploaded Records**

Portal Access

Username

Password

24-Hour Pharmacy (Name and Address)

Lab Testing

Name/ Specialty

Phone Number

Address

Email Address

Frequency of Visits

Uploaded Records**

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: _____

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: _____

**See Documents section for important copies needed

Medical Information

Additional Notes Re: Medical Information

GI Difficulties

G-Tube

Hearing Impairment

Vision Impairment

Cardiac

Orthopedic

ADHD

Medical Information

Additional Notes Re: Medical Information

Other

Family Medical History To Be Aware Of

Past Medical History

Medical Information

Additional Notes Re: Medical Information

Chronic Medical Issues

Past Medical Illnesses

Past Hospitalizations

Past Surgeries

Past Accidents

Financial Information

Checking Account

Name(s) On Account

Account Number

Debit Card Number

Routing Number

Secondary Authorization Sent To

Question(s):

Answer(s):

Automatic Transactions

Withdrawal(s) — Date and Amount

Deposit(s) — Date and Amount

Bank Contact (If Possible):

Bank Website

Username**

Password**

Address and Phone Number

Financial Information

Savings Account

Name(s) On Account

Account Number

Debit Card Number

Routing Number

Secondary Authorization Sent To

Question(s):

Answer(s):

Automatic Transactions

Withdrawal(s) — Date and Amount

Deposit(s) — Date and Amount

Bank Contact (If Possible):

Bank Website

Username**

Password**

Address and Phone Number

Financial Information

Bank Name

Address and Phone Number

Bank Contact (If Available):

Bank Website

Username**

Password**

SSA Representative Payee Account

Name(s) On Account

Secondary Authorization Sent To

Account Number

Routing Number

Automatic Transactions

Withdrawal(s) — Date and Amount

Deposit(s) — Date and Amount

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Financial Information

ABLE/CalABLE Investment Account

Name(s) On Account

Phone Number

Website

Account Number

Routing Number

State Where The Account Is Being Held

Secondary Authorization Sent To

Security Password

Security Questions

Financial Information

Credit Card

Issuer

Phone Number

Website

Name(s) Of Authorized Users

Account Number

Secondary Authorization Sent To

Security Password

Security Questions

Credit Limit

Payment Due Date

Financial Information (Insurance Policies **)

Life Insurance

Policy Issuer

Address and 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.)

Financial Information

Other Accounts

Amount

Date Due

Paid From Account

Payable To

Amount

Date Due

Paid From Account

Payable To

Federal Taxes **

Filed By

Date Filed

Manner In Which Filed

Username and Password

State Taxes **

Filed By

Date Filed

Manner In Which Filed

Username and Password

Housing

Type of Housing (Family, Group Home, Apartment, HUD, etc.)

Address

Family

Room Mates/Live in Assistants (LIA)

Rent Paid: Yes No

Specific information regarding living situation

Comments

Housing Financial Information

Monthly Income

Wages _____

Social Security _____

Other _____

Monthly Expenses

Rent

Amount _____ Date Due _____
Paid from account _____ Payable to _____
Account # _____ Lease Date** _____

Utilities: Gas

Amount _____ Date Due _____
Paid from account _____ Payable to _____
Account # _____

Utilities: Electric

Amount _____ Date Due _____
Paid from account _____ Payable to _____
Account # _____

Utilities: Water

Amount _____ Date Due _____
Paid from account _____ Payable to _____
Account # _____

** See documents sections for important copies needed

Housing Financial Information

Monthly Expenses (Continued)

Utilities: Trash Sewer

Amount _____

Date Due _____

Paid from account _____

Payable to _____

Account # _____

Food & Groceries

Amount _____

Date Due _____

Paid from account _____

Payable to _____

Account # _____

Phone

Amount _____

Date Due _____

Paid from account _____

Payable to _____

Account # _____

Cable/Internet

Amount _____

Date Due _____

Paid from account _____

Payable to _____

Account # _____

Monthly Subscriptions (Netflix, Prime, etc.)

Amount _____

Date Due _____

Paid from account _____

Payable to _____

Account # _____

** See documents sections for important copies needed

Housing Information

Renters Insurance

Policy Issuer: _____

Phone Number

Address

Policy Number

Name on Policy

Address of Insured on policy

Website: _____

Username

Password

Secondary Authorization Sent To

Payment on Account

What Bank Account is Used

How Often is Policy Paid

How Paid (Automatic Withdrawal, Yearly, Monthly, etc.)

Housing Information

Is Individual on any housing lists?

Public Housing Authority (HUD/Section 8 Housing Choice Voucher)

Address

Main Office Phone Number

Website

Section 8 Applied for Waiting List Date

Section 8 Approved Date

Subsidized Housing Through

Name _____

Phone Number _____

Yearly Re-Examination Date

Additional Housing Details: (HUD, Irvine Land Trust, etc.)

Occupancy/Leasing Specialist

Contact Information

Date for Annual Review

Additional Information

Transportation

Public Transportation

Transportation Mode: _____

Bus Pass Funding Source

Access Rider Number

Number to Schedule Rides

Last Evaluation for Accessibility to Access

Regular Bus Routes

Work Related Transportation Plan

Other Transportation Methods (Uber, Lyft or Family...)

Automobile Information

Car Model & Type

License Plate

Monthly Payment

What Bank Account is Used

How Paid (Automatic Withdrawal, Yearly, Monthly, etc.)

** See documents sections for important copies needed

Transportation

Automobile Insurance

Policy Issuer: _____

Address

Phone Number

Policy Number

Name on Policy

Address of Insured on policy

Vehicle Information on Policy

License Plate and VIN Number

Address where Garaged

Website: _____

Username

Password

Secondary Authorization Sent To

Payment on Account

What Bank Account is Used

How Often is Policy Paid

How Paid (Automatic Withdrawal, Yearly, Monthly, etc.)

** See documents sections for important copies needed

Educational Documentation

Current Primary Educational Status

Enrolled in: _____

Address

Phone Number

Teacher

Progress Report/Report Cards**

IEP& ITP/IFSP/504 Plan**

Psycho-Educational Report** (Most Recent)

Person Driven Plan (PDP)**

Transcript**

Academic Accommodations**

Summary of Performance (SOP)**

Examples of Students Work**

Graduated from School/District: _____ **Year:** _____

Received: Certificate of Completion High School Diploma

Educational Documentation

Post Secondary Education

Currently Enrolled in: _____

Address

Phone Number

Counselor or Best Contact Person

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

Grades/Transcript**

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)

List all previous PSE Schools (Adult Education, Community College &/or University where the individual has been enrolled in the past

Additional Notes on Educational Documentation

** See documents sections for important copies needed

Employment/Employment Preparation

Employment/Employment Preparation

Current Employer: _____

Phone Number and Address of Employment

Starting Date of Employment

Starting Salary

Current Salary

Paid How Often

How Paid (i.e. automatic deposit on every Thursday)

Current Schedule

Employment Service Agency _____

Accommodations provided: Yes No

How often reassessed?

Job Coach provided: Yes No

How Many Hours/Week

Provided by

Phone Number and Name of Supervisor for Job Coaching (See Disability Services Section)

Employment/Employment Preparation

Employment/Employment Preparation (Continued)

Form to send to Social Security regarding job coaching/work incentive **

Who sends Pay Stubs and Forms to Social Security (See SSI/SSDI Information Section)

Other

Employment

Resume

Person Driven Plan (PDP) **

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

Workplace Accommodations **

Public Benefits Planning Requirements (Wage Reporting & other)

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

Service Provider Agency for job skills training

Paid Work Experience

Employment/Employment Preparation

Work-Based Learning (WBL)

Resume

List All Work Training Paid and Unpaid

Volunteer Work

Identify Workforce Development Programs participated in and currently enrolled in...

DOR (Department of Rehabilitation)

Regional Center of Orange County

School District

Community College

Workplace Accommodations**

Person Driven Plan/Action Plan (PDP) **

WBL Evaluation Documents

Additional Notes on Work-Based Learning and Employment

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

Disability Services**

What Benefit does Individual receive from the Social Security Administration?

- SSI
- SSDI
- Childhood Disability Benefits (CDB)
- 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...)

**Date of last review of SSDI/CDB
or SSI status**

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

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

**Location of Past Documentation
from Social Security**

SSA Representative Payee

Disability Services**

State/Federal/Vendor Disability Services**

Supported Living Services/Independent Living Skills (SLS/ILS)

Does Individual receive? Yes No

How Many Hours/Week

Providing Company

Contact Phone Number of the Caregiver

Contact Email of Caregiver

Provider #

Regional Center Vendor Information

Job Coaching Supports

Agency Providing: _____

Phone Number

Address

Contact Person at Agency: _____

Phone Number

Address

Description of Services Provided

Percentage of Job Coaching Assigned

Services Funded By

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

Disability Services**

Other Benefit Programs

Cal Fresh

Account Number

Password

EBT Monthly Amount

Department of Rehabilitation

Is Individual a Current DOR Client? Yes No

Local DOR Office Address

DOR Office Phone Number

Name of DOR Counselor

IPE (Individual Plan for Employment)

Description of DOR Services Provided

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

Legal Information

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.

Additional notes regarding Legal Information

Important Documents

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

- State ID or Drivers License
- US Passport
- Immigration Card
- Documentation of Disability
- Vaccination Record
- Medication Record
- Medical Insurance Card(s)
- Health Directives
- Special Needs Trust
- Conservatorship Paperwork
- Power of Attorney Paperwork
- Supported Decision-Making Paperwork
- Housing Lease/information (if applicable)
- Renters Insurance (if applicable)
- Housing Recertification Information (if applicable)
- Automobile Registration (if applicable)
- Automobile Insurance (if applicable)
- Person Driven Plan (if applicable)
- Social Security Award Letter (if applicable)
- Password, Username and 2nd party authorization (if applicable)
- IHSS Approved Hours Notice of Action
- Self Determination Documents (Spending Plan & Certified Budget)
- Daily, Weekly and/or Monthly Schedule (Include Updated/Current Copy)

Additional Information

Resources

Resources Section

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

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

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

Housing Options

- **Live in family home or with relatives**
- **Live in own apartment (independent or supported living) with or without roommates**
 - ✓ **Apartment subsidized by Public Housing Authority (or)**
 - ✓ **Land Trust (or)**
 - ✓ **Project Based Voucher/Deed Restricted)**
- **Adult Family Home Agency (AFHA)**
- **Group Home / Adult Residential Facility**
- **Intermediate Care Facility (ICF) - similar to group home, but for those with more medical needs**

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

Resources

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>

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**

Resources

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).

Workforce Development Programs

- **WorkAbility I/WAI (School Districts, MS, HS & ATP Programs)**
- **Transition Partnership Program/TPP (DOR)**
- **Career Technical Education/CTE (School Districts & Community Colleges)**
- **Student Services (DOR)**
- **College to Career/C2C (DOR & Community Colleges)**
- **Workability II (DOR & Regional Occupation Programs)**
- **Workability III (DOR & Community College)**
- **Workability IV (DOR & Universities)**
- **CSP (Subminimum Wage to Competitive Integrated Employment Program)**
- **Project SEARCH (School District & Adult Programs)**
- **Think College (CA & National Colleges for IDD)**
- **Specialized Employment Preparation Programs (Community Colleges)**
- **Workforce Development Programs (American Job Center)**