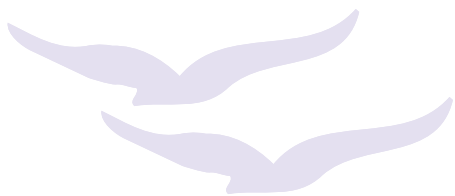


if
YOUR BABY...



*... was very premature, or
... had complications at birth, or
... has special needs that may
interfere with development, or
... has delays in one or more
developmental areas,*

you may be interested in Early Childhood Services at Harbor Regional Center.



HARBOR REGIONAL CENTER SERVICE AREA

The South Bay, Harbor, Long Beach,
Bellflower and Southeast areas
of Los Angeles County

For more information and for referrals, call:

Harbor Regional Center

21231 Hawthorne Blvd.

Torrance, CA 90503

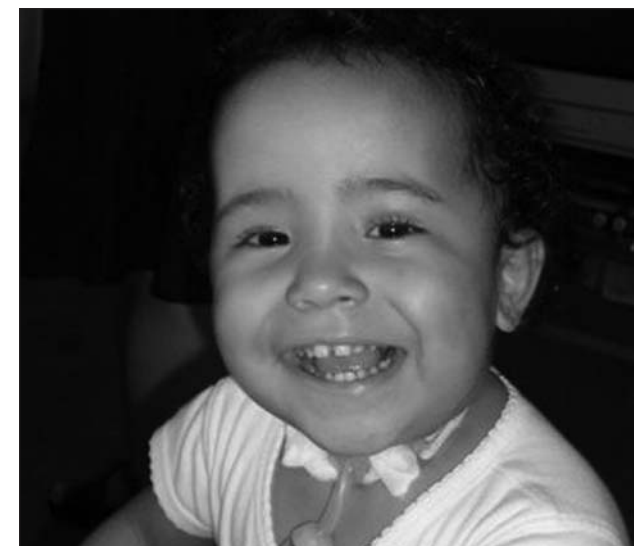
310-540-1711

(from 562 area) 888-540-1711

www.HarborRC.org

Harbor Regional Center is a program of the Harbor Developmental Disabilities Foundation, a private, non-profit agency funded by the State of California Department of Developmental Services, and California Early Start Program. Early Childhood Services are provided for infants and toddlers from birth to three years. Harbor Regional Center also serves children and adults with developmental disabilities.

EARLY CHILDHOOD SERVICES *at Harbor Regional Center*



SERVICES AND SUPPORTS

*For Infants and Toddlers
at Risk of Having a
Developmental Disability
And Their Families*



goals

OF EARLY
CHILDHOOD SERVICES



To provide early intervention

To promote your infant's growth and development

To provide emotional support to your family

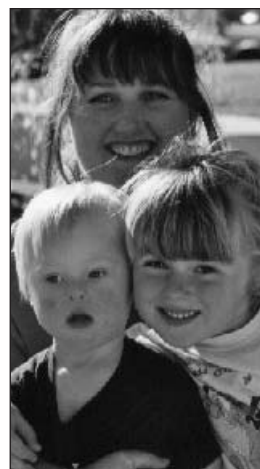
To provide linkage with community resources



Services are free and include coordination of the following:

- Diagnosis and evaluation
- Developmental assessment and monitoring
- Referral to community resources, including health services
- Direct intervention (eg special programs for infants toddlers and young children, physical and occupational therapy), when applicable
- Family support and education, including resource center services and parent-to-parent support

To contact us to find out if your child is eligible for these services, complete the section of this brochure titled "Request for Intake Application"



and give it to your pediatrician or hospital social worker who will make the referral. Or, simply call us at 310-540-1711, or (from the 562 area) 888-540-1711. We will be happy to provide information and answer questions about the Regional Center and our services.

REQUEST FOR INTAKE APPLICATION

Harbor Regional Center
Early Childhood Services

Attention: Department of Early Childhood

Child's Name _____

Date of Birth _____

Address _____

City _____ Zip _____

Telephone _____

Cell Phone _____

E-mail _____

Today's Date _____

Please call me

I authorize _____ (physician/medical center) to release records to Harbor Regional Center for the purpose of determining my child's eligibility for services. This consent is valid for 4 months from the above date, unless revoked by the parent/guardian providing consent.

Parent or Guardian's Name

Parent or Guardian's Signature

Give this form to your pediatrician or hospital social worker, or simply call us at 310 540-1711 or 888 540-1711.

