

Face Sheets

Regional Center facilities must keep a variety of consumer related information that is specified in both Titles 17 and 22. For example:

Title 17, Section 56059 (Residential Services Records):

- (b) Individual consumer files shall contain the following:
- (1) Current emergency information, including names, addresses and telephone numbers of the consumer's authorized representative and pharmacy;
- (2) Recent consumer photograph and physical description;
- (4) Consumer allergy record;

Title 22, Section 80070 (Client Records):

- (a) The licensee shall ensure that a separate, complete, and current record is maintained in the facility for each client.
- (b) Each record must contain information including, but not limited to, the following:
- (1) Name of client.
- (2) Birthdate.
- (3) Sex.
- (4) Date of admission.
- (5) Names, addresses, and telephone numbers of authorized representative(s).
- (7) Name, address and telephone number of physician and dentist, and other medical and mental health providers, if any.

Regional Center facilities satisfy these requirements by maintaining detailed consumer Face Sheets. Not only are they required, but an organized, stylish, and professional looking Face Sheet can make your consumer books stand out and really shine. Choose from four (4) distinct Face Sheet styles on page 2.

Price: \$10 – Annual Revision

Price: \$25 – New Face Sheet without embedded consumer photo

Price: \$30 – New Face Sheet with embedded consumer photo

Note: See our *Products & Services Price List and Policies* for full details. You are accountable for knowing the contents of your *Face Sheets*. To this end, RA Mears Consulting will provide an overview of any documentation provided to you, as needed.

Face Sheets delivered outside of San Diego County will be sent by email, fax, or physical mail, as agreed on

All prices include any revisions to your *Face Sheets* required by CCL or Regional Center.

Face Sheets are provided in .pdf format that cannot be modified, however, we are willing to make changes to meet your needs. Please contact us to discuss your specific requirements.

Artistic

ACME Home #1

Responsible Party Melissa Doe

Relationship Mother

Address 101 Broadway Yourtown CA 90000

Phone Number (555) 890-0123

Regional Center Cathy Coordinator, MS 1222 Main Street Yourtown CA 9000 Ph: (555) 292-0000 Fax: (555) 292-1111

101 First Street Yourtown CA 90000 (555) 123-4567

Jane Doe

Date of Admission June 1, 2007

Social Security # 320-00-8898

Medi-Cal # 90005053Z45028

Medicare # 102-70-8008-C3

> <u>Kaiser #</u> 059A00610 UCI#

Legal Status Not Conserved

Allergies Penicillin,

Sulfa Drugs

Emergency

Sam Francesca, Administrator 223 Third Avenue Yourtown CA 90000 (555) 211-0090

Identifying Information

Date of Birth	January 1, 1959
Age	54
Sex	Female
Hair Color	Brown
Eye Color	Brown
Dominant Hand	Right
Height	5' 7"
Weight	145 lbs.
Hearing	Within Normal Limits
Vision	Wears Glasses
Ambulatory Status	Ambulatory

Diagnoses

Mild Mental Retardation, Epilepsy

Health Conditions

Type-1 Diabetes

Tb Date June 1, 2010 Negative

Provider Contacts

Primary Language

Day Program: Arc, 404 Starlight Street, Yourtown CA 90000 (555) 211-0990 Primary Physician: Alba Corpus, MD, 333 6th Street, Yourtown CA 90000 (555) 321-2333 Dentist: Paul Yanker, DDS, 903 Center Street, Yourtown CA 90000 (555) 767-5004 Psychiatrist: Dan Headly, MD, 6 Wall Street, #A, Yourtown CA 90000 (555) 466-1414 Gynecologist: Dina Deepak, MD, 401 Canyon Way, Yourtown CA 90000 (555) 333-9000 Pharmacy: DrugRite, 777 Pillview Place, Yourtown CA 90000 (555) 677-8877

John Doe

Description

20001	-p
Date Of Birth	1/1/59
Age	54
Sex	Male
Hair Color	Brown
Eye Color	Brown
Dominant Hand	Right
Height	5′ 7″
Weight	175 lbs.
Hearing	Normal
Vision	Normal
Ambulatory Status	Ambulatory
Primary Language	English
Legal Status	Not Conserved
Admission	6/1/07

Diagnosis: Mild Mental Retardation

Mother Melissa Doe (555) 890-0123

Emergency Contact Sam Francesca (555) 211-0090

Modern

ACME Home #1 101 First Street, Yourtown CA 90000 (555) 123-4567

Benefits

Medi-Cal	90005053Z45028	
Medicare	102-70-8008-C3	
Kaiser	059A00610	
Social Security	320-00-8898	
UCI	621000	

Medical

Allergies: Penicillin, Sulfa Drugs Diagnosis: Diabetes

Last Physical Exam	1/5/07
Last Tb Test	6/1/10 (Negative)
Pharmacy	DrugRite 777 Pillview Place Yourtown CA 90000 (555) 677-8877
Primary Physician	Alba Corpus, MD 333 6 th Street Yourtown CA 90000 (555) 321-2333
Psychiatrist	Dan Headly, MD 6 Wall Street, #A Yourtown CA 90000 (555) 466-1414
Dentist	Paul Yanker, DDS 903 Center Street, Yourtown CA 90000

Other

Day Program: Arc – Center 404 Starlight Street, Yourtown CA 90000 (555) 211-0990

(555) 767-5004

Bill Saysure, MD

50 Graphic Blvd. irtown CA 90000

(555) 297-4444

RC Case Manager: Cathy Coordinator, MS 1222 Main Street, Yourtown CA 90000 (555) 211-0090

Professional

ACME Home #1 Adult Residential Facility #37400000 ACME Homes, Inc.

101 First Street, Yourtown CA 90000 Tel: (555) 123-4567

Description of John



Emergency Contacts

John Doe's FACE SHEET

English



Date of Admission: 6/1/2007

CME Home #1 Administrator Sam Francesca (555) 211-009				
Sam Francesca (555) 211-009				
Melisa Doe (555) 890-012				
ion				

Last Physical Exam __1/5/2007_ T<u>b Test</u> N<u>eg</u>ati<u>ve</u> Tetanus Unknown

Regional Center Case Manager Cathy Coordinator, MS, 1222 Main Street, Yourtown CA 90000 (555) 211-0090

 Arc - Center
 404 Starlight Street, Yourtown CA 90000 (555) 211-0990
 Religious Preference

Classic

ACME Home #1

Neurologist

Face Sheet



Office: (555) 211-0990

Jane Doe DOB: 1/1/59 (54 years old) Eye Color: Brown Sex: Female Hair Color: Brown Vision: Normal Hearing: Normal Weight: 145 lbs.

Height: 5' 7" Moved In: 6/1/07 Ambulatory: Yes Medi-Calif: 90005053Z45028 Medicare#: 102-70-8008-C3
Kaiser#: 059A00610 SS#: 320-00-8898 UCI#: 621000
Address: 101 First Street, Yourtown CA 90000 (555) 123-4567 Legal Status: Not Conserved

HEALTHCARE PROFILE
Diagnoses: Mild Mental Retardation; Epilepsy
Diet: Diabetes
Allergies: Penicillin, Sulfa Drug Health Conditions/Diet: Diabetes

riearth Conditions/Diet: Diabetes	Anergies: Femonin, Suna Drugs
TB Date: 6/1/10 (Negative)	Tetanus Date: Unknown
Dominant Hand: Right	Primary Language: English
Primary M.D.: Alba Corpus, MD	Office: (555) 321-2333
333 6th Street, Yourtown CA 90000	Fax: (555) 321-2334
Dentist: Paul Yanker, DDS	Office: (555) 767-5004
903 Center Street, Yourtown CA 90000	Fax: (555) 767-5005
Psychiatrist: Dan Headly, MD, 6 Wall Street, #A, Yourtown CA 90000 (555) 466-1414	
Gynecologist: Dina Deepak, MD, 401 Canyon Way, Y	ourtown CA 90000 (555) 333-9000
Neurologist: Bill Saysure, MD, 50 Graphic Blvd., Yourtown CA 90000 (555) 297-4444	

CONTACTS		
Mother	Emergency Contact	
Melissa Doe	Sam Francesca, Administrator	
101 Broadway, Yourtown CA 90000	223 Third Avenue	
(555) 890-0123	Yourtown CA 90000	
	Cell Phone: (555) 211-0090	
Case Manager: Cathy Coordinator, MS	Placement Agency: Regional Center	
1222 Main Street	Yourtown CA 90000	
Office: (555) 211-0090	Fax: (555) 211-0091	
Day Program: Arc – Center	Agency: The Arc	
404 Starlight Street	Yourtown CA 90000	

Pharmacy: DrugRite, 777 Pillview Place, Yourtown CA 90000 (555) 677-8877