



North Los Angeles County Regional Center

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Self-Certification Form for Service Providers Flexibility in Provision of Services & Supports for Consumers & Providers

Background Information

On March 18, 2020, the Department of Developmental Services (“**DDS**”) issued a Directive regarding “Flexibility in Provision of Services and Supports for Consumers and Providers”. The DDS Directive states the following:

*“Any requirements of the Lanterman Act, Title 17, or an Individual Program Plan (“**IPP**”) requiring the delivery of services in a specific location or in-person are hereby waived when, due to concern related to exposure to COVID-19. A consumer, parent, guardian, or other authorized legal representative of the consumer requests that one or more of the services, listed on the attached Enclosure be provided in an alternate location or through remote electronic communications, including, Skype, Facebook, video conference, or telephone conference.”*

Eligible Service Providers:

Attached, please refer to attached Enclosure provided by DDS under the DDS Directive dated March 18, 2020.

DDS Directive dated March 18, 2020

Prior to, or no later than seven days after, the delivery of a service in an alternate location or by remote electronic communications, the service provider must notify the regional center that the individual requested and/or agrees to either receive services in an alternate location or through remote electronic communication in lieu of in-person services.

Service Provider Information and Self-Certification

Vendor Name	
Vendor Number	
Service Code	
Contact Person Name (First and Last)	
Contact Person Title	
Contact Person Phone Number	
Identify alternate location(s) (if applicable)	
Identify type of remote electronic communication (Skype, Facetime, video conference, or telephone conference)	
Other Regional Centers Served	

I certify that services will be provided either in an alternate location or through remote electronic communications and the consumer, parent, guardian, or other authorized legal representative of the consumer has requested this method of service delivery. I agree that records will be maintained to document the date of service, the amount of services provided each day, the name of consumer served, and the method of service delivery. I agree that records regarding service delivery will be maintained for five (5) years in accordance CCR, Title 17, Section 50604 and 50605. I understand that the DDS Directive for flexibility in service delivery is for thirty (30) days from the period March 18, 2020 through April 16, 2020, unless directed otherwise by DDS

Signature of Authorized Representative	
Printed Name	
Title	
Date	

Please submit the completed Self-Certification Form and the list of Consumer(s), (to include Consumer name and UCI) who will be receiving services in an alternate location or by remote electronic communications to alternativeservicedelivery@nlacrc.org.