

California Children's Services (CCS)

30 Van Ness, Ste 210,
San Francisco CA 94102

[Website](#)

T: 415-575-5700
F: 415-575-5790

Category	Ages	Insurance	Language	Timeline	A	A+T	Referral Process			
Medical conditions covered by CCS	0-21	N/A (eligibility based on financial or other need, see CCS More Info)	English Spanish Cantonese Mandarin Korean Tagalog	60 days		x	Referral	Medical Info Needed	Family/Parent Docs	Consent Form
							Provider mails or faxes CCS Referral Form [pdf], or parent mails or faxes CCS Application Form [pdf]	Detailed medical reports	- CCS Application Form [pdf] -proof of residence - income documenta- tion -ins info	General consent form

Department of Public Health: Community Behavioral Health Services (CBHS)

1380 Howard St, 1st Flr
San Francisco, CA 94103

[Website](#)

T:415-255-3737
F: 415-255-3629

Category	Ages	Insurance	Language	Timeline	A	A+T	Referral Process			
Mental health or behavioral needs	0-18	FSM SFHP HK Uninsured	All languages	10 days		x	Referral	Medical Info Needed	Family/Parent Docs	Consent Form
							Parent calls central access number or walks in to any civil service clinic to start intake process	Detailed medical reports	-ins info for SM, SFHP, HK -proof of residency	

California Pacific Medical Center (CPMC)

1625 Van Ness, 3rd Flr
San Francisco, CA 94107

[Website](#)

T: 415-600-6200

F: 415-749-1433

Category	Ages	Insurance	Language	Timeline	A	A+T	Referral Process			
							Referral	Medical Info Needed	Family/Parent Docs	Consent Form
Has or at risk for developmental delays or disabilities, or medical concerns	0-18	FSM SFHP BC HK	English Spanish	60 days	X					
							Parent calls to start intake process		-Insurance info -CPMC Questionnaire packet	General consent form

Multidisciplinary Assessment Center (MDAC): SF General Hospital, UCSF Department of Pediatrics

1001 Potrero Ave, MS 6E (mailing address)
Main Hospital Building, 6B (physical location)
San Francisco, CA 94110

[Website](#)

T:415-206-6129

F: 415-206-6302

mandac-dyj@sfgHPeds.ucsf.edu

Category	Ages	Insurance	Language	Timeline	A	A+T	Referral Process			
							Referral	Medical Info Needed	Family/Parent Docs	Consent Form
Developmental or behavioral concerns, including: <ul style="list-style-type: none"> Gross/Fine Motor Delays Speech/Language Social Development Atypical Behaviors Learning or Cognitive Problems Behavioral Problems Aggressive Behaviors Chronic Illness or Genetic Condition ADHD 	0-5 (ins N/A) 6-18 (ins req'd)	FSM SFHP BC HK	English Spanish	60 days	X					
							Primary Care Provider emails or faxes MDAC Referral Form [pdf] to start intake process	copies of previous assessments if available	-proof of residency -ins info (if 6-18)	General consent form

Golden Gate Regional Center (GGRC)

1355 Market St, #220
San Francisco, CA 94103

[Website](#)

T:888-339-3305

F: 888-339-3306

intake@ggrc.org

Category	Ages	Insurance	Language	Timeline	A	A+T	Referral Process			
Developmental delay in 1 or more areas; or an established risk condition	0-3	FSM SFHP BC HK Uninsured	Eng Span Cant Mand	45 days		X	Referral	Medical Info Needed	Family/Parent Docs	Consent Form
							Provider emails or faxes Early Start Referral Form [doc], or parent emails or faxes Early Start Intake Form [doc] to start intake process	Medical/ Developmental Reports		GGRC Auth for Use of Protected Information (HIPAA) [pdf]
Developmental disability defined as: <ul style="list-style-type: none"> • Intellectual Disability (or closely related condition) • Cerebral Palsy • Epilepsy • Autism 	3+	FSM SFHP BC HK Uninsured	English Spanish Cantonese Mandarin	120 days		x	Referral	Medical Info Needed	Family/Parent Docs	Consent Form
							Parent calls intake line to start intake process <i>(If you are a provider, call intake line with parents to initiate the process)</i>	Relevant Medical Reports		GGRC Auth for Use of Protected Information (HIPAA) [pdf]

San Francisco Unified School District (SFUSD)

Early Childhood Special Education Services (Early Start)*

1520 Oakdale Ave, Ground Flr

San Francisco, CA 94124

[Website](#)

T: 415-401-2525

F: 415-920-5075

Category	Ages	Insurance	Language	Timeline	A	A+T	Referral Process			
Solely low incidence disability: <ul style="list-style-type: none"> Hearing Impairment Vision Impairment Severe Orthopedic Impairment or a combination thereof 	0-3	N/A	English Spanish Cantonese Mandarin	45 days		x	Referral	Medical Info Needed	Family/Parent Docs	Consent Form
							Typically referred by GGRC or child's doctor. Child may also be referred by parent.	Medical Report indicating solely low incidence disability	proof of residency	SFUSD Authorization to Release Information English [pdf] Spanish [pdf]

San Francisco Unified School District (SFUSD)

T: 415-759-2214
F: 415-242-2528

Special Education
Attn: Prekindergarten Intake Unit
3045 Santiago Street
San Francisco CA 94116
[Website](#)

Category	Ages	Insurance	Language	Timeline	A	A+T	Referral Process			
							Referral	Medical Info Needed	Family/Parent Docs	Consent Form
<ul style="list-style-type: none"> • Autism • Deaf-blindness • Deafness • Emotional Disturbance • Hearing Impairment • Intellectual Disability • Multiple Disabilities • Orthopedic Impairment • Other Health Impairment • Specific Learning Disabilities • Speech and Language Impairment • Traumatic Brain Injury • Visual Impairment • Established Medical Disability 	3-5	N/A	English Spanish Cantonese Mandarin	15 days to respond to referral		X	<p>PreK SpEd Referral Packet</p> <p>English [pdf] Spanish [pdf] Chinese [pdf] Vietnamese [pdf]</p> <p>Family/parent sends docs directly to Pre-K Unit (SFCD can help parents fill out)</p>	Any pertinent medical reports are requested, but not required unless child has a vision impairment.	Parents must send in a completed intake packet with supporting documents (e.g. 2 Proofs of Residency, Birth Cert., hearing/vision screening results if available)	Included in PreK SpEd Referral Packet

Enrolled in TK/K through 12 with SFUSD

T: 415-759-2206

F: 415-242-2528

Depends on School Site of Attendance

[Website](#)

Category	Ages	Insurance	Language	Timeline	A	A+T	Referral Process			
							Referral	Medical Info Needed	Family/Parent Docs	Consent Form
<ul style="list-style-type: none"> • Autism • Deaf-blindness • Deafness • Emotional Disturbance • Hearing Impairment • Intellectual Disability • Multiple Disabilities • Orthopedic Impairment • Other Health Impairment • Specific Learning Disabilities • Speech and Language Impairment • Traumatic Brain Injury • Visual Impairment 	5-22	N/A	English Spanish Cantonese Mandarin Vietnamese	15 days to respond to referral		x	<p>Referral</p> <p>Parent or provider submits detailed letter with request for assessment to child's SFUSD school site.</p> <p>Sample Request for Assessment Letter English [doc]</p>	<p>Medical Info Needed</p> <p>Any pertinent medical reports are requested, but not required.</p>	N/A	<p>Consent Form</p> <p>SFUSD Authorization to Release Information Form, if applicable English [pdf] Spanish [pdf]</p>

Private, Parochial Elementary, Middle, or High School OR Home-Schooled)

T: 415-759-2206
F: 415-242-2528

Screening and Assessment Center (Central Office)*

3045 Santiago St
San Francisco, CA 94116

[Website](#)

Category	Ages	Insurance	Language	Timeline	A	A+T	Referral Process			
							Referral	Medical Info Needed	Family/Parent Docs	Consent Form
<ul style="list-style-type: none"> • Autism • Deaf-blindness • Deafness • Emotional Disturbance • Hearing Impairment • Intellectual Disability • Multiple Disabilities • Orthopedic Impairment • Other Health Impairment • Specific Learning Disabilities • Speech and Language Impairment • Traumatic Brain Injury • Visual Impairment 	5-22	N/A	English Spanish Cantonese Mandarin	15 days to respond to referral		x	Private/Parochial Referral Packet English [pdf] Spanish [pdf] and family/parent sends docs directly to Private/Parochial Assessment Unit (SFCD can help parents fill out)	Any pertinent medical reports are requested, but not required.	Parents must send in a completed referral packet with supporting documents (e.g. 2 Proofs of Residency and Birth Cert.)	Included in Private/Parochial Referral Packet