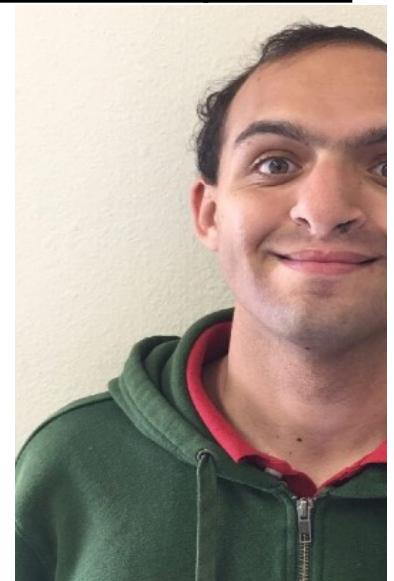





P.A.L.S. Behavior Management Day Program

CLIENT PROFILE SHEET									
								Start Date:	
Name: Edward Solis									
AKA/Nickname:						D.O.B. 5/04/1997			
UCI# 6099180						Soc. Sec.#:			
Medi-Cal#:						Medi-Care#:			
Other Health Insurance:									
Marital Status: Single						Legal Status: Conserved			
Gender: Male						Language(s): English			
Residential Placement Information									
Facility Name: Family Home									
Address: 10440 Paramount Blvd. Apt. D137									
City: Downey				State: Ca.			Zip Code: 90241		
Phone: 323-578-5134				Fax:					
Contact Person(s) & Alternate Phone:									
Gabriela Solis (mom) 323-578-5134, Eduardo (dad) 323-578-5154									
Ana Solis (sister, lives out of state) 213-453-8466									
Legal/Other Representative									
Name: N/A									
Address:									
City:				State: Ca.			Zip Code:		
Phone:				Work:					
Phone:									
Regional Center Information									
South Central Los Angeles Regional Center									
Address: 2500 S. Western Ave.									
City: Los Angeles				City: Ca			Zip Code: 90018		
Phone: 213-744-7000				Fax:					
Service Coordinator: Ronice Morris									
Phone:									
Medical History									
Communicable Condition: N									
Hearing Impairment: N				Visual Impairment: N					
Allergies: N				Seizures: N					
Behavioral									



06/03/2019		
		
Description		
Weight: 148 lbs		
Hair: Brown		
Information		
Disorder		
Information		
(psychiatrist)		
ez ave.		
(dentist)		
Concerns		

