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

PARTICIPANT PROFILE SHEET

Start Date: 12/2/19

Name: Orestes Cespedes

AKA/Nickname: D.O.B. 06/10/50

UCI# 5546619 Soc. Sec.#:

Medi-Cal#: Medi-Care#:

Other Health Insurance:

Marital Status: Single Legal Status: unconserved

Gender: Male Language(s): Spanish

Residential Placement Information

Facility Name: Kendal Guest Home

Address: 4700 N. Maxson Rd

City:El Monte State: CA Zip Code: 91732

Phone#: (626) 579-1341 Fax#: ()

Contact Person(s) & Alternate Phone #'s:

Ana (951) 393-8623

Alma (626) 706-1223

Legal/Other Representative

Name: N/A

Address:

City: State: CA Zip Code:

Phone: Work#:

Alternate Contact Name: N/A

Phone#

Regional Center Information

Name: San Gabriel Pomona Regional Center

Address: 75 Rancho Camino Dr

City: Pomona State:CA Zip Code: 91766

Phone#: (909)620-7722 Fax:()

Service Coordinator: Alma Hernandez

Direct Phone # or Ext.: (909)706-1223 ahernandez@sgprc.org

Medical History

Allergies ? NKA Seizures? No

Hearing Impairment? Yes Visual Impairment? No

Uses Wheelchair or Walker? No

Medication:

Please refer to the attach documents

Physical Description

Height:5'8 " Weight: 202lbs.

Eyes: Brown Hair: Brown

Doctor's Information

Name: (Physician) Centra City Community Clinic

Address: 4126 N. Maine Ave

City: Baldwin Park

Phone: (626) 653-0800

Name: (Dentist) May Valley Dental Center

Address: 11766 Valley Blvd.

City: El Monte

Phone: (626)448-5000

Name: Hara Podiatrists' Group Dr. Demirjian

Address: 127 W. San Bernardino Rd

City: Covina

Phone:()

Name:

Address:

City:

Phone:

Behavioral Concerns

Assaultive? Yes Elopement? Yes

Property Destruction?

Self-Injurious? No

Program ISP Goals & Objectives

Emotional Outbursts

Noncompliance

Elopement

12/3/19 JS