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

PARTICIPANT PROFILE SHEET

Start Date: 11/4/19

Name: Nathan Escalante

AKA/Nickname: D.O.B. 9/4/1995

UCI# 1979163 Soc. Sec.#:

Medi-Cal#: Medi-Care#:

Other Health Insurance:

Marital Status: Single Legal Status:

Gender: Male Language(s): English

Residential Placement Information

Facility Name: Beginnings with Creative positive Environments

Address: 1112 Baseline Rd

City: La Verne State: CA Zip Code: 91750

Phone#: 909-305-0250 Fax#: ()

Yvette (house Admin)

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

Gaby 626-594-8552

Nicole 909-596-1970

Legal/Other Representative

Name: N/A

Address:

City: State: CA Zip Code:

Phone: Work#:

Alternate Contact Name: N/A

Phone#

Regional Center Information

Name: SGPRC

Address: 75 Rancho Camino Dr

City: Pmona State:CA Zip Code: 91766

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

Service Coordinator: Nicole Andersen

Direct Phone # or Ext.: (909) 596-1970 nandersen@ggprc.org

Medical History

Allergies? Chloral Hydrate, Sulfur-based eye drops

Health Plan: RAPID EATER **Seizures? Yes**

Hearing Impairment? No Uses Wheelchair or Walker? No

Visual Impairment? No

Medication:

Please refer to the attach documents

Physical Description

Height:5'4 " Weight:130 lbs.

Eyes: Brown Hair: Brown

Doctor's Information

Name: Dr Mawjood(Physician)

Address:

City:

Phone: ()

Name: Dr. Shuffer (Dentist)

Address:

City:

Phone: ()

Name:

Address:

City:

Phone:()

Name:

Address:

City:

Phone:

Behavioral Concerns

Assaultive? Yes Elopement? Yes

Property Destruction? Yes

Self-Injurious? Yes

Program ISP Goals & Objectives

1. Physical Aggression 4. Inappropriate Touching
2. Self-Injurious Behavior
3. Property Destruction

11/26/2019 JS