



# INLAND REGIONAL CENTER

*...valuing independence, inclusion and empowerment*

P. O. Box 19037, San Bernardino, CA 92423

Telephone: (909) 890-3000

Fax: (909) 890-3033

## NEW RESIDENTIAL SERVICE PROVIDER ORIENTATION APPLICATION

### APPLICANT:

\_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

\_\_\_\_\_  
Street Address City State Zip

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_ Last 4 Digits of Social \_\_\_\_\_

Email Address \_\_\_\_\_

### Experience Providing Direct Supervision and Special Services to Individuals with Developmental Disabilities:

1. Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Vending Regional Center: \_\_\_\_\_

What duties did you perform in this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Experience, continued:**

2. Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Vending Regional Center: \_\_\_\_\_

What duties did you perform in this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Company Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip Code

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Vending Regional Center: \_\_\_\_\_

What duties did you perform in this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Education (Most Recent First):**

School Name & Address	Degree:	Date Received:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



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7. Have you attended the NRSPO before? If yes, provide date \_\_\_\_\_

**Your signature below indicates that all information provided is true and correct as well as grants Inland Regional Center permission to contact the references you have listed above.**

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Required attachments (see qualifications link for additional information):**

1. Proof of Direct Care Staff experience
2. Proof of Community Care Licensing Orientation Certificate; if opening a new home
3. Proof of Administrators Certificate
4. Proof of Direct Support Professional (DSP) Certificate, at least DSP 1 must be completed
5. Professional Resume
6. 3 Professional Letters of Reference

**Send applications and required attachments to:**

Inland Regional Center  
ATTN: RDTU  
P.O. Box 19037  
San Bernardino, CA 92423

Or via e-mail at [NRSPO@inlandrc.org](mailto:NRSPO@inlandrc.org)

**Note: Title XVII, Division 2, Chapter 3, Article 2, Section 54314 states Ineligibility for Vendorization as follows:**

- (a) The following applicants shall not be vendored:
  - (1) Any officer or employee of the State of California
  - (2) Any applicant in which an officer or employee of the State of California has a financial interest, as defined in the Government Code, Section 87103, except as permitted by Public Contract Code, Section 10430(g), effective January 1, 1992;
  - (3) Employees and board members of any regional center with a conflict of interest pursuant to Title 17, Sections 54500 through 54525, unless the conflict is eliminate or waiver is obtained pursuant to Title 17 Sections 54522 through 54525;
  - (4) Any applicant in which the regional center employee or board member has a relationship which creates a conflict of interest pursuant to Title 17, Section 54500 through 54525, unless the conflict is eliminated or a waiver is obtained pursuant to Title 17, Section 54522 through 54525;
- (5) Consumers, to provide services for, or to, themselves except to:
  - (A) Provide transportation services to themselves as specified in Section 54355(g)(5); and
  - (B) Serve as their own Supported Living Service vendors as specified in Title 17, Section 58616.
- (6) Except as specified in Section 54318 of these regulations, any applicant located outside the state.