

M.O.V.E. Foundations

Consultation & Funding Request

Complete and share with your Regional Center service coordinator or SDP team. Statewide personalized movement instruction; 1:1 or small group.

Participant name

Age

Request date

Requestor / relationship

Email / phone

Regional Center

Service coordinator / SDP contact

REQUEST: Please review funding for a \$250 initial recreation consultation / participation needs assessment for M.O.V.E. Foundations. The family requests review through the appropriate Regional Center or SDP funding route.

Participant goals / connection to the individual plan

PURPOSE: Explore movement interests, communication preferences, safety and participation needs; recommend coaching support, activity adaptations and an appropriate 1:1 or small-group format. This is a nonmedical, nonclinical and nontherapeutic recreation service.

Funding is subject to individual eligibility, authorization and applicable requirements; approval is not guaranteed. Please confirm written authorization and payment arrangements before the consultation. Ongoing program services and fees require separate review and approval.

Additional request / questions for the planning team

Participant / representative name (typed):

Provider: OMG Youth Sports & Enrichment. Contact us for additional documentation.