A Family Guide to Children's Services

Welcome to Alta California Regional Center (ACRC) Children's Services. ACRC values the opportunity to serve your family. To help you understand our work together, this guide has been developed as a resource to explain who we are, some of our services, and provides contact information.

This information may be helpful at different times of your child's development so plan to keep this guide somewhere handy to review and help you to access services more effectively; now and in the future.

Additionally, our agency's website: www.altaregional.org has information and updates you may find helpful. You can register your email to automatically receive agency news.

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Your Service Coordinator

Now that your family member is eligible for regional center services, we want to tell you about the person who will be your main contact and partner here at the center – your ACRC Service Coordinator (SC). We hope that getting to know more about your SC will be your first step toward developing and maintaining a strong and productive relationship with Alta California Regional Center. Service Coordinators (SC) may have a Master's Degree in social work and at least two years post-Master's experience or have a Bachelor's degree and at least two years of experience in the field of developmental disabilities.

UNDERSTANDING THE REGIONAL CENTER ASSESSMENT PROCESS AND FUNDING

ACRC assists clients and their families in the development of an individualized plan for the use of community resources to meet the identified needs. The planning process for the IPP includes gathering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the person with developmental disabilities. Assessments shall be conducted by qualified individuals and performed in natural environments whenever possible. Part of the assessment includes a review of generic resources, both public and private, to establish what resources exist to help address identified needs. ACRC shall provide payment for services and supports in keeping with the following:

Services to conform with the Lanterman Act	*Achieves a goal or objective in IPP*
Meet a need related to qualifying condition	*Shall not duplicate natural/generic resources*
Cost effective	*Supports agency mission*
Service provider to be an "authorized" vendor	*Research proves effective and not harmful*

HOME & COMMUNITY-BASED WAIVER (HCBS) OR MEDICAID WAIVER (MW) PROGRAM: This is a federal program administered by the Regional Center which allows your county of residence to waive the income requirements for Medi-Cal. Participating in the Medicaid Waiver Program allows you to use Medi-Cal funding for diapers, medical supplies, and will often cover co-pays for doctor visits and medication.

Additionally, putting your child on Medi-Cal will exempt you from paying a share of cost for Regional Center services (AFPF/FCPP – described later). Your SC can help initiate the Medi-Cal process by signing your child up for the Medicaid Waiver Program.

W&I Code §4643(c), 4646.4, 4783, 4785

GENERIC RESOURCES, NATURAL SUPPORTS, AND REGIONAL CENTER PROGRAMS THAT MAY BE APPLICABLE

CLIENT

GENERIC & PRIVATE RESOURCES:	NATURAL SUPPORTS:
• Medi-Cal	• Family
• Early Periodic Screening, Diagnostic & Treatment (EPSDT)	• Extended Family / Relatives
• School Districts	• Service Organizations
• County In-Home Supportive	• Tribal Organizations
• Services (IHSS)	• Community Recreational Opportunities
• California Children's Services (CCS)	• Places of Worship
• County Mental Health Services	• Support Groups
• Denti-Cal	• Friends
• Warmline Family Resource Center (FRC)	• Neighbors
• In-Home Operations (IHO)	
• City, County & State Housing Assistance	
• Community Legal Services	
• Private Insurance	

MEDI-CAL AND RELATED RESOURCES INFORMATION

Medi-Cal is an important program within the Regional Center's service system. If your child is eligible for the HCBS Waiver, it is good to enroll in it. That way many of the services that you choose will be partially paid through the Federal Medicaid program. California's regional centers provide the full scope of state-funded services to all eligible persons. Medi-Cal enrollment helps us comply with the Lanterman Act to fully access generic resources available in meeting your child's needs.

Medi-Cal is now also required to provide funding for the treatment of autism, and may be able to help pay for co-payments related to this treatment if you have private insurance. Having your child on Medi-Cal may also lead to eligibility to receive In-Home Support Services (IHSS), and can make it easier to access social security for them once they are an adult.

MEDI-CAL AND RELATED RESOURCES INFORMATION

IN-HOME SUPPORT SERVICES (IHSS):

IHSS is a county program whose assistance can only be obtained after the child has an active Medi-Cal status. Your county of residence administers the program. After you apply for the program, the county sends a social worker to your home to assess any discrepancy between your child's supervision and self-care needs and that of a typically developing child the same age. If your child needs more care than a typically developing peer, IHSS may offer you an allotment of hours each month for a caregiver to provide the care. These hours are funded by the county so that a) you can hire someone to supervise and provide needed care for your child while you are absent from the home or b) so that you can get paid for the extra work that you do with your child because of the nature of their disability. If a child is under age 5, he/she may not qualify for IHSS at this time. However, your child can be re-evaluated again as he/she grows older

SUPPLEMENTAL SECURITY INCOME (SSI):

SSI can provide funding for food, clothing, and shelter based on the family's income. The general phone number to apply for Social Security 1-800-772-1213, or you can apply by visiting your local Social Security office. For more information you can visit the website http://www.ssa.gov. You can apply online at www.C4Yourself.com.

FAMILY RESOURCE CENTER (FRC):

California has provided funding for Family Resource Centers (FRCs) in each county to provide support, caring, training, and understanding to families who have a child with special needs.

RESOURCE CONTACTS BY COUNTY

County	Medi-Cal	IHSS	SSI	FRC
Alpine	530-694-2235	530-694-2235	530-694-2235	Warmline FRC: 800-455-9517
Colusa	530-458-0280	530-458-0280	530-671-1896	Colusa County FRC: 530-458-8891
El Dorado	530-642-7300	530-642-4800	877-545-5497	North Tahoe FRC: 530-546-0952
Nevada	Grass Valley: 530-265-1450 Truckee: 530- 582-7814	530-274-5601	866-931-6087	FRC of Truckee: 530-587-2513
Placer	South Placer: 916-636-1980 Auburn: 530-889-7610	South Placer: 916-787-8860 Auburn: 530-889-7115	South Placer: 916-770-8300 800-772-1213 Auburn: 866-931-6087	Warmline FRC: 916-455-9500 Lighthouse FRC: 916-645-3300
Sacramento	(916) 874-3100	(916) 874-8471	800-772-1213	Warmline FRC: 916-455-9500
Sierra	Grass Valley: 530-265-1450 Truckee: 530- 582-7814	530-274-5601	866-931-6087	Warmline FRC: 916-455-9500
Sutter	877-652-0735	530-822-7227	530-671-1896	Family Soup FRC: 530-751-1925
Yolo	530-661-2700	530-661-2955	916-373-3850	Warmline FRC: 916-455-9500
Yuba	877-652-0739 530-749-6311	530-749-6471	530-671-1896	Yuba County FRC: 530-749-4049

ANNUAL FAMILY PROGRAM FEE (AFPF)

AFPF applies to you if your child is not currently on Medi-Cal *and* is receiving services from the Regional Center. This fee is collected by the Department of Developmental Services (DDS). However, your Service Coordinator (SC) is responsible for connecting with you and assessing your annual fee, as well as completing paperwork for this process. This assessment will not result in delay of service implementation through the IPP process.

Families are assessed a $200 fee per fiscal year (July through June) unless they provide documentation of household size and adjusted gross income that either reduces or exempts them from the fee. You may choose to pay the $200 fee or, if you want to be assessed at a lesser amount, you may show your SC a copy of your State or Federal income tax return with your annual gross income and dependents.

Should your income exceed the income amounts identified in the AFPF program, you may also request to be exempt from the fee if you can demonstrate any of the following:

- The exemption is necessary to maintain your child in your home,
- You experience an extraordinary event that impacts your ability to pay the fee or your ability to meet the care and supervision needs of your child, or
- You experience a catastrophic loss that creates a direct economic impact on your family and temporarily limits your ability to pay.

If you are requesting an exemption, please provide information related to the reasons listed above to your SC for Regional Center consideration.

W&I Code § 4785

FAMILY COST PARTICIPATION PROGRAM

Families who choose to use certain Regional Center funded services (respite or day care) who do not have an active Medi-Cal status, may owe a share of cost for these services. In order to receive the services, your share of cost must be assessed. If you choose not to put your child on Medi-Cal, you will need to complete the FCPP packet and submit your income information to the regional center for share of cost assessment.

W&I Code § 4783

BEHAVIOR SERVICES

Private insurance and Medi-Cal are both mandated to fund ABA Services to individuals with a diagnosis of Autism Spectrum Disorder (ASD). The Department of Health Care Services (DHCS) administers Medi-Cal and refers to ABA as Behavioral Health Treatment (BHT). The regional center cannot fund ABA/BHT services for a child diagnosed with autism without first receiving a copy of a denial from private insurance and/or Medi-Cal. Medi-Cal may also be a companion service to your private insurance to offset the cost of co-payments and/or co-insurance payments associated with your Evidence of Coverage.

As your SC, I can help to facilitate your understanding of these services and how to access funding. You will find that insurance companies don't always distinguish between the variations of ABA/BHT services. Below is a description of how ACRC funds ABA services based upon the Lanterman Act requirements, as well as evidence-based practice.

W&I Code § 4648, 4659, 4685-4689.8

ABA SERVICES

"ABA services" is a general term used to describe programs that utilize evidence based techniques for teaching skills and reducing problematic behaviors. ABA services are, in some cases, funded by the Regional Center. These services are available in many different formats. These include Parent Training; Behavior Intervention Services (BIS); Socialization Training Programs (SST); Early Intensive Behavioral Treatment and Training (EIBTT) programs for autism; Functional Skills Training (FST) programs; and Adaptive Skills Training (AST) programs. For a description of each, please see next page.

NOTE: Parents must participate in Behavior Parent Training (BPT) prior to receiving any type of ABA service funded by ACRC. Additionally, ACRC funding can only occur with vendored service providers, based on their existing contract with this regional center.

ABA IS A SERVICE FOR ALL CLIENTS WITH AN ASSESSED NEED.

TARGETED DEVELOPMENT ABA INTERVENTIONS:

BEHAVIOR PARENT TRAINING (BPT): BPT is a pre-requisite for receiving any type of ABA service funded by ACRC. Training includes familiarizing parents, in a group setting, with the principals of applied behavior analysis. Training will also include information on tracking and taking data on behaviors, analyzing the function of a behavior and more.

BEHAVIOR INTERVENTION SERVICE (BIS): BIS is based on well-established ABA techniques that are evidence based. This service is short-term and intended to reduce, eliminate or prevent, the future occurrence of behaviors posing a health and safety risk. Examples of such behaviors include but are not limited to: severe tantrums, aggression, self-injury and elopement. BIS provides parents/guardians with the training and intervention strategies necessary to manage and modify difficult behaviors, while teaching functionally related replacement skills. Services include an assessment, followed by a treatment plan if services are recommended for direct consultation with a behavior consultant over a three to six month period of time. The goal for BIS services is to bring about changes to the child's behaviors that parents are able to maintain indefinitely through use of the behavior plan.

ADAPTIVE SKILLS TRAINING (AST): AST improves a client's capacity for self-reliance in meeting the demands of daily life and employs evidence-based intervention techniques based on the principles of ABA. This is a time limited consultative service with a heavy emphasis on parent training. AST programs are designed to target adaptive skills by training the client's parents/guardians how to effectively assess, teach and generalize skills. Examples of commonly targeted skills in an AST program include: self-care, functional communication, daily living skills and safety awareness. There may be some variation in the number and type of skills targeted based on the complexity of the goals, the client's cognitive abilities and the level of participation by the parent/guardian. Services include an assessment, followed by a treatment plan if services are recommended for direct consultation with a behavior consultant over a three to six month period of time. The goal for AST services is to develop skills as a parent/caregiver to help in teaching your child how to develop skills in an ongoing manner through the use of the strategies implemented during service delivery.

W&I Code §4512(b), 4643(b), 4646(a), 4646.4(a), 4647(a), 4648(a) (7-8), 4648(a)(16), 4648.4, 4685 (c)(3)(B)(i), 4686.2, 4851(q) (4), 4659(a) & (c)

TARGETED DEVELOPMENT ABA INTERVENTIONS:

SOCIALIZATION TRAINING (SST):

SST is a behavior service that promotes the development of interpersonal and communication skills necessary for successful interactions within home, community and peer group settings. The objective of this service is to teach critical elements that comprise social skills as a whole. Some of these elements include but are not limited to, eye contact, listening, sharing, turn taking, greetings, interpreting facial expressions, making friends, initiating and maintaining conversation, self-advocacy and otherwise developing cooperative and meaningful social interactions with others. Developing these important skills in turn, may maximize an individual's potential across environments and increase the likelihood of successful integration within their community. Learning occurs via direct teaching of integrated social/play activities and the social communication skills needed to be successful in social interaction. SST is a short-term, evidence based service with focused and time-limited teaching objectives that typically occur in small groups (2-8 clients). Group members should be similar in age, diagnoses, and goals. Groups use direct instruction, role-playing, rehearsal and other evidence-based practices to promote social learning. Parent participation is required for social skills training programs to be successful.

W&I Code §4512(b), 4643(b), 4646(a), 4646.4(a), 4647(a), 4648(a)(7-8), 4648(a)(16), 4648.4, 4685 (c)(3)(B)(i), 4686.2, 4851(q)(4), 4659(a) & (c)

EARLY AUTISM TREATMENT (EAT)

TRAINING PROGRAMS:

ACRC recognizes the importance of early and timely screening, diagnosis, assessment and intervention planning for children with an autism spectrum disorder (ASD). ACRC will purchase intervention services that are supported by evidence-based, peer-reviewed research. Best practice indicates that these services provide the greatest chance for improvement in the quality of life for the child with an ASD and his/her family. Intervention services are typically identified as EIBTT, Center-based EIBTT, or FST (described below). Intervention services purchased by ACRC through the Individual Program Plan process are designed to:

- optimize the child's personal independence and social responsiveness
- provide outcomes that are defined, measured and used to ensure effective programming
- be provided by trained personnel
- be provided in the least restrictive environment
- incorporate parental skill building to promote generalization
- Be cost effective

EAT programs may use multiple levels of staffing, under the direction of qualified behavioral specialists, but must include staff that are well trained and knowledgeable about autism. These intensive services are highly structured. They result in a predictable daily routine focused on teaching skills across developmental domains and the reduction of interfering behaviors. Parents are required to be active participants in their child's intervention in order to facilitate generalization and maintenance of skills across multiple settings. EAT programs are typically highly restrictive and controlled interventions with the goal of quickly integrating the child into a less restrictive environment. *See next page for types:

EIBTT: Early Intervention and Behavior Treatment and Training (EIBTT) is the term used for initial services to a child upon diagnosis. Programs generally run from ages 2 to ages 6, with service hours decreasing as a child's school hours increase. These are home based programs run by agencies that specialize in early autism treatment and use highly trained staff. The individualized plan for a child is intense in programming hours, up to 40 hours per week (subtracting hours as school begins to be included in the overall schedule for the child starting at age 3). The program includes comprehensive goals across developmental domains and works toward preparing the child for school. Goals might include self-care, safety skills, development of the ability to transition between activities, increased focus and attention span (to enable the child to sit appropriately in the classroom setting) and decreasing inappropriate behaviors which might result in a disruption of the class and the child's education.

Center-Based EIBTT: Center-based EIBTT has the same definition and concepts as described above in EIBTT. The main difference is that services are provided at a center rather than in the child's home. Parent training remains an important component of the service to ensure a consistent routine for the child.

FST: Functional Skills Training (FST) Programs are home-based programs focused primarily on functional living skills. This includes communication, safety, and self-care skills. Children often begin this type of program after age 5, if there is a continued need for teaching in these areas. The service is less intensive as the child is now enrolled in school services, but the training and concepts remain focused on increased skill, safety, self-care, and behavior concerns.

W&I Code §4512(b), 4643(b), 4646(a), 4646.4(a), 4647(a), 4648(a)(7-8), 4648(a)(16), 4648.4, 4685 (c)(3)(B)(i), 4686.2, 4851(q)4), 4659(a)&(c)

ADDITIONAL SERVICES

This is not an exhaustive list of all Regional Center funded services, but includes the frequently used services.

IN-HOME RESPITE:

Respite services are designed to give parents a break from their child's care needs. The assessment of respite service is based upon the need of your child as compared to a typically developing peer and the qualifying disability. It is not meant to be used as day care or regular babysitting, but as a short term break that allows a parent to refresh themselves and return to caring for their child. If there is an assessed need, ACRC will fund respite services on a quarterly basis. The appropriate number of respite hours for each family is based on that family's assessed need and considers the child's care needs, behaviors, and generic resources available to the family and the family's overall stress level. Respite is available in 3 formats as described here:

1. Agency Respite: Respite agencies send out respite workers to your home to care for your child when you cannot be there. You will be involved in interviewing the respite workers sent out and selecting ones that you feel comfortable caring for your child. Then you will schedule your respite times with the selected worker as needed. ACRC will fund the respite agency, and the respite agency will pay the respite worker. The agency is vendored to provide respite services.

2. Employer of Record Respite: If you have a person that you trust to care for your child already, then that person can act as your respite worker by becoming an employee of an Employer of Record (EOR) respite agency. In this case, the respite worker of your choice completes an application packet, and background check and is hired by the EOR agency to work only for your family. The EOR agency will pay the worker directly and the Regional Center funds the EOR agency. The worker must be 18 years or older, CPR certified, and live outside of your home.

3. Fiscal Management Service Respite: The parent is responsible for finding the respite worker the Fiscal Management services (FMS) respite. FMS allows the family to choose their own respite provider and pay them directly without the payroll and tax responsibilities of an employer.

From W&I Code: 4512 (b) (e) (f); 4648(a) (6) (D);

4659 (d) (1) (A) (B) and (C); 4685(c) (1) and (3); 4686.5(a) 4690.2

Out-of-home respite: A client may stay up to the statutory maximum number of days per fiscal year (unless an exemption applies) in a licensed residential facilities to provide parents/caregivers an extended break from caring for the client. These days may be used in any configuration. If you are interested in touring licensed residential facilities for out of home respite options, please contact your child's Service Coordinator, who will get a list of homes available to tour. You may then arrange to visit each home. Once you and the client select a home, please inform your Service Coordinator who will work with you and the facility to arrange the respite stay.

Day Care/After School Care: Day care/after school care provides specialized care and supervision for children who reside with a family member. ACRC may supplement a portion of day care/after school care costs for regional center clients, when the parent of a single parent household or both parents of a two-parent household are engaged in employment outside the home and the child requires specialized care.

Specialized services for children three years and older means, but may not be limited to:

- The use of medical equipment and care which requires specialized training; or
- Familiarity with techniques for managing extreme behavior challenges such as self-abuse, assault, aggression; or,
- The client has needs, which are the result of a developmental disability, which requires specialized care which is in excess of that provided to the majority of same aged peers who are not disabled; or
- The need to provide significant assistance with self-help tasks for a client whose chronological age would not typically require such assistance; or,
- The need to provide supervision for a client between 12 and through 21 years of age, i.e., the age during which individuals without disabilities no longer require adult supervision, at least during brief periods of time.

Families caring for clients from birth through 11 years of age are responsible for the cost of day care/after school care services, equal to the cost of such services for a child without disabilities. Families should first utilize the natural and generic resources that may be available to them. The regional center will not purchase day care as an alternative to attending a publicly or privately funded school.

W&I Code §§4512(b)

Medic Alert: This service is to aid ACRC clients who may not be able to communicate in emergencies with unknown responders. The responders call Medic Alert who then contacts the child's emergency contact(s). Medic Alert also provides responders with pertinent information such as allergies or medical conditions. ACRC will fund one emblem from the approved brochure and the monitoring service.

W&I Code §§ 4646(a), 4646.4

Durable Medical Equipment: ACRC is committed to assisting clients and their families in securing and adapting Durable Medical Equipment (DME) related to needs arising from the presence of a developmental disability.

"Durable medical equipment" is equipment that:

- is necessary to achieve and maintain a client's independent, productive and normal lifestyle
- can be used to serve a functional or medical purpose
- can withstand repeated use for a reasonable expected time-period

Upon determination that there is a DME need related to the developmental disability and that private/generic resources are insufficient to meet the cost, ACRC may provide financial assistance to facilitate the procurement of the needed DME.

Diapers/Pull-ups: Medi-Cal will fund diapers after the age of 5. Between the ages of 3 and 5, if the child has a medical necessity for the diapers Medi-Cal will consider funding it. To apply for this, you would contact your Medi-Cal Managed Care (MMC) to identify a medical supply distributor. If you are not assigned an MMC, contact your Service Coordinator to discuss Fee-For-Service Medi-Cal distributors. Once you contact a medical supply distributer who is affiliated with your medical coverage, you can inquire about their process. The medical distributor will likely give you paperwork for your child's doctor to fill out, then you return it to the provider to request funding from Medi-Cal. Upon determination that there is an unmet need regarding incontinence, and the generic resources are insufficient to meet address the need, ACRC may provide financial assistance to facilitate the procurement of the needed incontinent supplies.

W&I Code §§4646.4 (a) and 4659(a) (1) (2)

PARENT EDUCATION

Conference Attendance

Alta California Regional Center (ACRC) supports parents and clients as they seek information and training to empower their advocacy skills and/or enhance their knowledge of services. These opportunities must support needs related to the client's developmental disability. Such opportunities may include classes or conferences.

ACRC shall:

- Provide learning opportunities for clients and their family members presented by ACRC staff.
- Sponsor or co-sponsor learning opportunities in collaboration with other organizations.
- Arrange for subject matter experts from both in and outside of ACRC's catchment area to provide training.
- Provide financial assistance to cover tuition or conference registration fees when such payment is in fulfillment of clearly stated Individual Program Plan (IPP) objectives.

Travel, lodging and food expenses are the responsibility of the person that attends the conference. ACRC may fund one conference attendance per fiscal year. Conferences must be within the state of California.

Scholarships are often available.

ACRC requires the following documentation to assess for Conference funding:

1. Conference registration information and dates prior to parent signing up

2. Parent's outcomes/goals for attending the conference

3. How the conference relates to the child's developmental disability

4. Why the conference is the only method to get information to meet parents goals/outcomes.

W&I Code §4512(b)

The Self-Determination Program

The California Department of Developmental Services is developing a new program called the Self-Determination Program that will let participants have more control over selecting their services and supports. The concepts of this new program include:

- Through the IPP process, you will be given a specific budget to purchase the services and support that you need to achieve your plan.
- You must use a Financial Management Service (FMS) vendored by ACRC to pay for your services
- You will be able to pick which providers or individuals deliver your services. They will require a background check but will not have to be vendored.

Learn more at www.altaregional.org or www.dds.ca.gov. Request to be placed on the "interested list" by emailing your service coordinator.

Senate Bill (SB) 468

FOR MORE INFORMATION

Visit: www.altaregional.org

Exhaustive List of ACRC Services and Vendors:

Go to Alta's website at: www.altaregional.org

>Then click on **Service Providers**

>Then click on **Service Provider Search**

For ACRC Service Policies

Go to Alta's website at: www.altaregional.org/

>Then click on **Who We Serve**

>Then click on **Services**

>Then click on **Service Policies**

ALTA CALIFORNIA REGIONAL CENTER OFFICES serve over 20,000 clients across the following ten counties: Alpine, Colusa, El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba. In an effort to be in your community, we have eight locations geographically placed across our service area. When you have questions and want to consider starting or changing a service, it is best to discuss the unique circumstances of your child's needs with your Service Coordinator and through the Planning Team.

ACRC Offices	Counties Served	Address	Phone
Sacramento	Sacramento	4151 E Commerce Way, Suite 100 Sacramento, CA 95815	(916) 978-6400 voice (916) 489-1033 fax (916) 489-4241 TDD
Grass Valley	Nevada, Northern Placer, Sierra	333 Crown Point Cir, Suite 200 Grass Valley, CA 95945	(530) 272-4231 voice (530) 272-4637 fax
Placerville	El Dorado	344 Placerville Drive, Suite 1 Placerville, CA 95667	(530) 626-1353 voice (530) 626-0162 fax
Roseville	Placer, Sacramento	516 Gibson Drive Suite 150 Roseville, CA 95678	(916) 437-6900 voice (916) 978-6583 fax
South Lake Tahoe	Alpine, El Dorado, Nevada, Placer	2489 Lake Tahoe Blvd., Suite 1 South Lake Tahoe, CA 96150	(530) 314-5970 voice (530) 314-5971 fax
Truckee	Nevada, Placer, Sierra	13450 Donner Pass Rd Suite B Truckee, CA 96161	(530) 587-3018 voice (530) 550-2217 fax
Woodland	Yolo	283 W. Court Street Suite B Woodland, CA 95695	(530) 666-3391 voice (530) 666-3831 fax
Yuba City	Colusa, Sutter, Yuba	950 Tharp Road, Suite 202 Yuba City, CA 95993	(530) 674-3070 voice (530) 674-7228 fax