



**Rialto Unified School District  
Parent/Guardian Registration Checklist  
(1<sup>st</sup> Grade)**

- Immunization Record
- \*TB Test – must include results
- Proof of Date of Birth (birth certificate, certified birth record, baptismal certificate, passport, or affidavit)
- Current address verification in parent/guardian name (Utility bill, official mail, rental/lease agreement or payment receipts, property tax receipt, pay stubs, voter registration, or affidavit **no more than 30 days old**)
- Identification of the enrolling parent/guardian
- Proof of Physical Exam
- Current/Signed** IEP if the student is receiving special education services

***\* Applies to all students (TK – 12<sup>th</sup> Grade) who seek admission to a California school for the first time or have been away from the U.S. for more than 12 months***

**Registration Center**

**260 South Willow Avenue, Rialto, CA 92376**

**Phone: 909-873-4300 Fax: 909-873-4301**

**email: [registrationcenter@rialtousd.org](mailto:registrationcenter@rialtousd.org)**

# RIALTO UNIFIED SCHOOL DISTRICT REGISTRATION FORM

## STUDENT INFORMATION

Legal Last Name		Legal First Name		Legal Middle Name		<b>OFFICE USE ONLY</b> Grade: _____ Date: _____ Student # _____ School of Residence: _____ School Assigned: _____ Start Date: _____ Teacher/Counselor: _____ Birth Verification: _____ Enter Code: _____ <input type="checkbox"/> Overflow <input type="checkbox"/> Inter/Intra <input type="checkbox"/> Other: _____ Address Verification: <input type="checkbox"/> Utility/Rent Receipt <input type="checkbox"/> Affidavit of Residence <input type="checkbox"/> Other: _____
Grade		Retained? If yes, what Grade?		Also Known As (other names used)		
Address		Apt./Space	<input type="checkbox"/> Rialto <input type="checkbox"/> San Bernardino <input type="checkbox"/> Colton <input type="checkbox"/> Fontana <input type="checkbox"/> Other: _____		Zip Code	
Mailing address, if different		Apt./Space	<input type="checkbox"/> Rialto <input type="checkbox"/> San Bernardino <input type="checkbox"/> Colton <input type="checkbox"/> Fontana <input type="checkbox"/> Other: _____		Zip Code	
Phone Number		Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

Preferred Language of Correspondence \_\_\_\_\_

### FAMILY INFORMATION (If there is a custody/restraining order for your child, please provide copy)

Name of Person Enrolling Student:		<b>Relationship to student</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caregiver		Home Phone	
				Work Phone	
Name of Legal Mother:		<input type="checkbox"/> Lives with <input type="checkbox"/> Not in the home		Home Phone:	
				Work Phone:	
Name of Legal Father:		<input type="checkbox"/> Lives with <input type="checkbox"/> Not in the home		Home Phone:	
				Work Phone:	

### CHILDREN LIVING IN THE HOME

Name		Date of Birth		School	
Name		Date of Birth		School	
Name		Date of Birth		School	
Name		Date of Birth		School	

### PREVIOUS SCHOOL INFORMATION (List last school first)

Name of School		City	State	Grade	Last Day of Attendance
Name of School		City	State	Grade	Last Day of Attendance
Has student attended a Rialto USD school? <input type="checkbox"/> Yes <input type="checkbox"/> No (ex: Pre-school)		If yes, name of school:		Grade	Last Day of Attendance
Attendance Problems <input type="checkbox"/> Yes <input type="checkbox"/> No		Discipline Problems <input type="checkbox"/> Yes <input type="checkbox"/> No			

### HOME LANGUAGE SURVEY (The California Education Code requires schools to determine the language(s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students. Your cooperation in helping us meet this important requirement is requested.)

1. What language did your son/daughter learn to speak when he/she began to talk?					
2. What language does your son/daughter most frequently uses at home?					
3. What language do you use most frequently to speak to your son/daughter?					
4. What language is most often spoken by adults at home?					

**(If answers to questions 1-3 indicate a language other than English, State law requires testing for English Proficiency. You will be notified of the results)**

<b>PARENT EDUCATIONAL LEVEL</b>		<b>PRIOR SPECIAL EDUCATION PROGRAMS</b>			
The California State Department of Education Requests information regarding the highest level of education completed by the enrolling parent/guardian. Please check for both parents  <b>Mother</b> <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some College <input type="checkbox"/> College graduate <input type="checkbox"/> College degree from a 4 year university with additional coursework in graduate school  <b>Father</b> <input type="checkbox"/> Not a high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some College <input type="checkbox"/> College graduate <input type="checkbox"/> College degree from a 4 year university with additional coursework in graduate school		Please provide the following information for student placement in school:  <input type="checkbox"/> My child has NOT participated in any special program <input type="checkbox"/> My child has had special testing <input type="checkbox"/> My child has participated or is participating in the following programs checked below:  <input type="checkbox"/> Adaptive Physical Education <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Learning Disabled (LD) <input type="checkbox"/> Severely Handicapped <input type="checkbox"/> Emotionally Disabled (ED) <input type="checkbox"/> Special Day Class (SDC) <input type="checkbox"/> Resource Specialist (RSP) <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired			

**ETHNICITY**  
Please select one:  
Is your child Hispanic or Latino?  
 Yes, Hispanic or Latino  
 No, Not Hispanic or Latino

**RACE**  
Please select your child's Race:  
 American Indian or Alaska Native (Origins in North, Central or South America)  
 African American or Black  
 Cambodian  
 Chinese  
 Filipino/Filipino American  
 Guamanian  
 Hawaiian  
 Hmong  
 Japanese  
 Korean  
 Laotian  
 Other Asian  
 Other Pacific Islander  
 Samoan  
 Tahitian  
 Vietnamese  
 White (Origins in Europe, North Africa or the Middle East)

***My signature certifies that all information provided is accurate. I understand that changes in address, telephone numbers, and/or emergency information must be reported to the school within 24 hours for the safety of my student.***



# CHILD WELFARE AND ATTENDANCE

260 S. WILLOW AVE • RIALTO • CA • 92376 • PHONE (909)873-4336 • FAX (909) 873-4337

## MCKINNEY VENTO QUESTIONNAIRE

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name of previous school of attendance: \_\_\_\_\_ Last grade attended: \_\_\_\_\_

Name of previous school District: \_\_\_\_\_ Date: \_\_\_\_\_

School student is assigned at: \_\_\_\_\_ Start Date: \_\_\_\_\_

Other children living in the home:

Full Name and Date of Birth:	Full Name and Date of Birth:
Full Name and Date of Birth:	Full Name and Date of Birth:
Full Name and Date of Birth:	Full Name and Date of Birth:
Full Name and Date of Birth:	Full Name and Date of Birth:
Full Name and Date of Birth:	Full Name and Date of Birth:

**The answers to the following questions can help determine the services your student may be eligible to receive under the McKinney Vento Act:**

1. Is your student living with more than one family in a house due to economic hardship? (nowhere else to go)  Yes  No
2. Is your student's living situation temporary with friends or family due to a family crisis?  Yes  No
3. Is your student living with someone other than his/her parent(s) or legal guardian(s)? (parents not in the home)  Yes  No
4. Is your student temporarily living in a motel/hotel?  Yes  No
5. How many schools has your student attended in the past 2 years? \_\_\_\_\_ Reason \_\_\_\_\_

If you answered **YES** to ANY of the above questions, **please complete the remainder of this form.**

If you answered **NO** to ALL of the above questions, you may stop here.

Where is the student currently living? (Check the box that best applies)

- With more than one family in a house or apartment, If so, how many people live in this house: \_\_\_\_\_  
Please explain: \_\_\_\_\_
- In a shelter
- Transitional housing (through a community agency) Name of the Agency: \_\_\_\_\_
- Moving from place to place
- In a location not designated for sleeping accommodations such as a car, park, campsite, abandoned buildings, etc.
- In a motel

If you are living with more than one family, can you be asked to leave at any time?  Yes  No

If you are living with more than one family, do you and your students have a bed to sleep on?  Yes  No

If you are living with more than one family, is this a mutual agreement? (to help each other out, saving to have own place, etc.)  Yes  No

If you are living with more than one family, is your name on the mortgage or rental agreement?  Yes  No

Address of current residence: \_\_\_\_\_

Name of motel/shelter of current residence: \_\_\_\_\_

Name and/or address of "general area" of current residence: \_\_\_\_\_

Name of Parent(s) and best contact phone number: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Per State Law (AB 16) "A child will not be removed from the child's family solely because the child's family is experiencing homelessness" per Section 48851 to the Education Code.



## Rialto Unified School District

### Custody Issues

#### Parent Disputes over Custody in School Setting

Parents may try to use the school as a forum for disputing custody matters. If needed, the school district may consider including the following form in their annual notification to parent and legal guardians.

Custody disputes must be handled by the courts. The school has no legal jurisdiction to refuse a biological parent access to their child. The only exception is when a signed restraining order or proper divorce papers, specifically stating visitation limitations, are on file in the school office. Any student release situation which leaves the student's welfare in question will be handled at the discretion of the site administrator or designee. Should any such situation become a disruption to the school, law enforcement will be contacted and an officer requested to intervene. Unless Educational rights have been revoked, both parents have access to student records.

Parents are asked to make every attempt not to involve school sites in custody matters.

The school will make every attempt to reach the custodial parent when a parent or any other person not listed on the emergency card attempts to pick up a child.

I have read and understand the above statement.

---

Parent Signature

Date

---

Parent Signature

Date

Office use only:

Date Received: \_\_\_\_\_

Home School: \_\_\_\_\_

Notification placed on Synergy \_\_\_\_

Document(s) uploaded to Synergy \_\_\_\_

## Student and Parent Signatures

*Please sign below and return to your teacher.  
I read this with my mom or dad. I agree to follow  
the rules when I use the computers at school.*

Student: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_

*My child and I have read and understand  
this document.*

*We agree to follow the rules stated in this  
policy.*

Parent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## What You Can Do With a Computer at School

There are many things you can do with the computers at school. You can:

- Take a test on a book you read.
- Use web pages your teacher has picked out for you.
- Type stories, create pictures, and more!

### Danger!

Sometimes when you use a computer at school, something you don't like might show up. If this happens, tell your teacher right away!

## Rules for Using School Computers

- When I use a computer at school, I will only do what my teacher has told me to do.
- I will not damage the computers at my school.
- I will not tell my password to anyone, not even my friends.
- I will not type my name or anything about myself on the computer without asking.
- If I see something that makes me feel bad, I will tell my teacher.



- If I use a picture or words from a webpage, I will show where I got it from.

## What Happens if You Break the Rules?

Always ask before using the computer at school. If you do not follow these rules, your teacher may not allow you to use the computer anymore!

### Ready?

Take this home and talk about it with your mom or dad. Then write your name on the back.

*Parents: Please see other side for more information.*

**Keep this by your computer at home**

## For Home

Some of the things you do with a computer at school, you can also do on a computer at home!

### School Website:

\_\_\_\_\_ .rialto.k12.ca.us

You can also use links from the public library if you have a library card. You can get to the links from your school's web page. Write your card number here to use when you're on your computer at home.

Public Library Card #: \_\_\_\_\_

**Learn more about  
Internet Safety at  
<https://www.common SenseMedia.org/parent-concerns>**

### Family Internet Safety Pledge

- I will turn off my computer monitor and tell my mom or dad if anything makes me feel bad.
- I will tell my mom or dad if anyone online asks for my name or anything else about me.
- I will tell my parents if anyone online asks to meet me.
- I will not use bad or mean words on the Internet.

### Family Signatures:


### Information for Parents/Guardians

Rialto Unified School District strives to provide a powerful educational program for your child. Because technology is such an integral part of today's society, using technology during school is a critical component of your child's learning experiences. We take every precaution possible to ensure your child's safety while using these

educational tools. Please help us teach your child appropriate use of technology by discussing the information in this document and encouraging them to adhere to the rules at all times. If you or your child have any questions or concerns, please contact his/her teacher.

### Home Use of the Internet for Learning

Parent involvement and supervision are critical to ensuring your child's safety on the Internet. Rialto Unified assists you in this by providing home access to resources that support your child's learning. The following are examples of the resources available at home as well as school:

- Online Library Catalog: search for books in the school library by reading level or topic. Print a list to take to school the next day.
- Research tools: students can research a topic using safe, educational resources provided by the District. Access online encyclopedias, magazines, newspapers, and other reference works. These resources also provide links to external websites that have been reviewed for educational appropriateness.
- School Website: your school's webpage provides direct access to the aforementioned resources and class webpages where teachers can post additional resources selected to support your child's learning. Go to [www.Rialto.k12.ca.us](http://www.Rialto.k12.ca.us) and click "Schools" in the left sidebar to locate a school's webpage.

Please contact your child's school if you have any questions regarding these resources. We hope you find them valuable when using the Internet at home to support your child's learning.

# RIALTO UNIFIED SCHOOL DISTRICT



## Student Acceptable Use Policy for Computer & Internet Use GRADES K-5



Cut Here



# RIALTO UNIFIED SCHOOL DISTRICT HEALTH SERVICES

815 S. Willow Ave., Rialto, CA 92376 • Tel (909) 820-8150 • Fax (909) 820-8151

## STUDENT HEALTH HISTORY

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Please read this form and check any illnesses or conditions your child has.

**Write/list health conditions, medications, explanations to any checked conditions under the "comments" section.**

- No Known Health Problems**
- Serious Accidents or Hospitalizations
- Allergies requiring treatment: \_\_\_\_\_  
Treatment Required: \_\_\_\_\_
- Diabetes: Insulin Dependent:  Yes  No
- Epilepsy/Seizures  
Date of Last Seizure: \_\_\_\_\_ Type of Seizure: \_\_\_\_\_
- Hearing Loss:  Right  Left    Hearing Aids:  Yes  No
- Psychological Problems    Diagnosis: \_\_\_\_\_
- Asthma
- ADHD / ADD
- Autism
- Birth Defects / Genetic Disorders
- Blood / Bleeding Disorders
- Cerebral Palsy
- Cancer / Leukemia
- Heart Problems / Heart Surgery
- Kidney Disorder / Bladder Problems
- Vision Impairment
- Positive PPD/TB Skin Test:    Chest X-Ray Date & Results: \_\_\_\_\_  
Treatment Required:  Yes  No    If YES, Explain: \_\_\_\_\_
- Requires "Specialized Health Procedure." **Explain under "Comments."**

**Comments / Other Conditions / Medications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

## PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ BIRTH DATE—Month/Day/Year \_\_\_\_\_

ADDRESS—Number, Street \_\_\_\_\_ City \_\_\_\_\_ SCHOOL \_\_\_\_\_

ZIP code \_\_\_\_\_

## PART II TO BE FILLED OUT BY HEALTH EXAMINER

### HEALTH EXAMINATION

**NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.**

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

### IMMUNIZATION RECORD

**Note to Examiner:** Please give the family a completed or updated yellow California Immunization Record.  
**Note to School:** Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/DTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

## PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and

### RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

### RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_

Name, address, and telephone number of health examiner \_\_\_\_\_

Signature of health examiner \_\_\_\_\_

Date \_\_\_\_\_

*If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.*



# PARENTS' GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY



Starting July 1, 2019

## Students Admitted at TK/K-12 Need:

- **Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**  
(4 doses OK if one was given on or after 4th birthday.  
3 doses OK if one was given on or after 7th birthday.)  
For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.
- **Polio (OPV or IPV) — 4 doses**  
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**  
(Not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**  
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements apply to new admissions and transfers for all grades, including transitional kindergarten.

## Students Starting 7th Grade Need:

- **Tetanus, Diphtheria, Pertussis (Tdap) — 1 dose**  
(Whooping cough booster usually given at 11 years and up)
- **Varicella (Chickenpox) — 2 doses**  
(Usually given at ages 12 months and 4-6 years)

In addition, the TK/K-12 immunization requirements apply to 7th graders who:

- previously had a valid personal beliefs exemption filed before 2016 upon entry between TK/Kindergarten and 6th grade
- are new admissions

## Records:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.



# Type content for your school or local enrollment assistance

## Enroll. Get Care. Renew. Health Coverage All Year Long

### Health Coverage Options

#### Medi-Cal:

- ▶ Children—regardless of immigration status—foster youth, pregnant women, and legally present individuals—including those with DACA status—may be eligible for no- or low-cost Medi-Cal.
- ▶ Medi-Cal covers immunizations, checkups, specialists, vision and dental services, and more for children and youth at no- or low-cost.
- ▶ Medi-Cal enrollment is available year-round.

#### Covered California:

- ▶ Covered California is where legal residents of California can compare quality health plans and choose the one that works best for them.
- ▶ Based on income and family size, many Californians may qualify for financial assistance.
- ▶ Enroll during Open Enrollment or any time you experience a life-changing event, like losing your job or having a baby. You have 60 days from the event to complete enrollment.

**! Undocumented Families** visit: [www.allinforhealth.org/resources#Undocumented](http://www.allinforhealth.org/resources#Undocumented)  
Immigration status information is kept private, protected, and secure. It will not be used by any immigration agency to enforce immigration laws, but only to determine eligibility for health programs.

#### You and your family may qualify for financial help:

Household Size	If 2016 household income is less than...		If 2016 household income is between...
	\$16,394	\$31,600	\$16,395 – \$47,080
1	\$16,394	\$31,600	\$16,395 – \$47,080
2	\$22,107	\$42,613	\$22,108 – \$63,720
3	\$27,820	\$53,625	\$27,821 – \$80,360
4	\$33,534	\$64,638	\$33,535 – \$97,000
5	\$39,247	\$75,650	\$39,248 – \$113,640
6	\$44,960	\$86,662	\$44,961 – \$130,280
▶	Adults may be eligible for Medi-Cal	Children may be eligible for Medi-Cal	May be eligible for financial help to purchase insurance through Covered California

### Enroll.

Three ways to enroll in Medi-Cal and Covered California:

- [www.coveredca.com](http://www.coveredca.com)
- 1(800) 300-1506
- Find in-person help: [www.coveredca.com/get-help/local/](http://www.coveredca.com/get-help/local/)

### Get Care.

- ▶ Find a primary care doctor in your network.
- ▶ Schedule an annual checkup for you and your family.
- ▶ Make sure to take your child to the dentist.
- ▶ Pay your monthly premium if your plan requires it.

### Renew.

- ▶ Medi-Cal must be renewed every year. Medi-Cal will mail renewal packet. Complete and return. For help, contact your local Medi-Cal office or call 211.
- ▶ Health plans through Covered California must be renewed every year. Renewal information will be mailed at the end of the year, or contact Covered California at 1 (800) 300-1506.

For more information go to:  
[www.allinforhealth.org](http://www.allinforhealth.org)

April 2016



## RIALTO UNIFIED SCHOOL DISTRICT • HEALTH SERVICES • 815 S. WILLOW AVENUE, RIALTO, CA 92376 • TEL: (909) 820-8150

Possible Referrals: If you have a personal health care provider, please feel free to use them. *We do not endorse any specific health care provider.*  
Posibles recomendaciones: Si usted tiene su propio dentista u optometrista por favor usarlos. *Nosotros no endosamos ningún médico específico.*

### DENTAL CARE

#### DENTAL REFERRAL SERVICE

(800) 511-8663 or (800) 322-6384



FIRST 5 DENTAL  
(5 years old and younger)  
(800) 722-4597

#### DENTI-CAL

(800) 322-6384

#### LOMA LINDA SCHOOL OF DENTISTRY

(Pediatric Dental Clinic)  
Loma Linda (909) 558-4689

#### INLAND FAMILY COMMUNITY HEALTH CENTER

(For Dental Office)  
665 North 'D' Street  
San Bernardino (909) 708-8168

#### GOLDEN WEST DENTISTRY

9922 Sierra Ave.  
Fontana (909) 822-4800

#### BR DENTAL

(Next to Clinica Medica Familiar)  
Dr. Kwon, DDS  
436 S. Riverside Ave.  
Rialto (909) 874-5200

#### DR. DAVID A. NEWSHAM, DDS

1735 N. Riverside Ave.  
Rialto (909) 820-9081



### MEDICAL CARE

#### SAC HEALTH SYSTEM

To schedule an appointment  
(909) 693-2163

#### ONTARIO DEPT. OF PUBLIC HEALTH

(909) 458-9447

#### COUNTY OF SAN BERNARDINO DEPT. OF PUBLIC HEALTH

351 N Mt. View Ave.  
San Bernardino (800) 722-4777

#### BLOOMINGTON COMMUNITY HEALTH CENTER

18601 Valley Blvd.  
Bloomington (909) 546-7520



#### MOMMY AND ME

790 E. Foothill Blvd.  
Rialto (909) 546-7135



#### GOLDEN SHORE MEDICAL

790 E. Foothill Blvd.  
Rialto (909) 546-7135

190 E. Highland Ave.  
San Bernardino (909) 882-4788

#### INLAND FAMILY COMMUNITY HEALTH CENTER

(For Medical Office)  
665 North 'D' Street  
San Bernardino (909) 708-8158

#### ARROWHEAD REGIONAL MEDICAL CENTER -

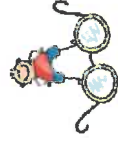
#### MEDICAL MOBILE CLINIC

For clinic location and/or appointment  
(909) 520-1207

### VISION EXAMS

#### FREESTONE OPTOMETRIC CENTER

Dr. Gary M. Freestone, OD  
1850 N. Riverside Ave., Suite 220  
Rialto (909) 875-1144



#### RIALTO OPTOMETRIC CENTER

Dr. Bernard Rubin, OD  
1850 N. Riverside Ave., Suite 210  
Rialto (909) 421-3030

#### COLTON OPTOMETRIC CENTER

Dr. Thomas B. Law, OD  
190 W. H St., Suite 105  
Colton (909) 825-9044



### COUNSELING SERVICES



#### MESA COUNSELING SERVICES

850 E. Foothill Blvd.  
Rialto (909) 421-9358

#### BILINGUAL FAMILY COUNSELING SERVICES

317 West 'F' Street  
Ontario (909) 986-7111

#### LOMA LINDA UNIVERSITY

#### MARITAL & FAMILY THERAPY CLINIC

164 W. Hospitality Ln., Suite 15  
San Bernardino (909) 722-4777

#### SOUTH COAST COMMUNITY SERVICES

San Bernardino County  
(877) 527-7227



#### COVERED CALIFORNIA

(800) 300-1506

[www.coveredca.com](http://www.coveredca.com)



#### IEHP

(800) 720-4347

[www3.iehp.org](http://www3.iehp.org)

#### COVERED CALIFORNIA

(800) 300-1506

[www.coveredca.com](http://www.coveredca.com)

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[www3.iehp.org](http://www3.iehp.org)

#### COVERED CALIFORNIA

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