



**Rialto Unified School District
Parent/Guardian Registration Checklist
(6th – 12th 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
- Transcript/Check out grades from previous school
- Current/Signed** IEP if the student is receiving special education services
- Is there a Probation Officer assigned to your child? ____ Yes ____ No
If "Yes" P.O. Name: _____
Phone: _____

**** Applies to all students (TK – 12th 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

RIALTO UNIFIED SCHOOL DISTRICT REGISTRATION FORM

STUDENT INFORMATION

Legal Last Name		Legal First Name		Legal Middle Name		OFFICE USE ONLY 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:		Relationship to student <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			

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)

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)

<h4 style="text-align: center;">PARENT EDUCATIONAL LEVEL</h4> <p>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</p> <p>Mother</p> <p><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</p> <p>Father</p> <p><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</p>	<h4 style="text-align: center;">PRIOR SPECIAL EDUCATION PROGRAMS</h4> <p>Please provide the following information for student placement in school:</p> <p><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:</p> <p><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</p>
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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: _____



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 _____



Rialto Unified School District
 260 S. Willow Ave.
 Rialto, CA 92376

EXPULSION AFFIDAVIT – GRADES SIX THROUGH TWELVE

In complying with California State Education Code 48915 and 48918, Rialto Unified School District must be informed at the time of registration if a student is currently under an expulsion order from any other school district in or out of the State of California.

Students who have completed an assigned expulsion order or are currently under an expulsion order will be referred to the District’s Child Welfare and Attendance Office for placement.

Falsification of this document will result in the student being dropped/ withdrawn from the Rialto Unified School District.

Student Name:	Birth Date:
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Student is currently residing with: (please check one box)

- Father Mother Guardian Foster Parent
 Other: (indicate) _____

Please check the box that applies:

Student is **not** under an expulsion order from any district.

Student is **currently under an expulsion order from:

School Name: _____

City, State: _____

Student is **pending an expulsion from:

School District: _____ School Name: _____

City, State: _____

Conference required with Coordinator of Child Welfare and Attendance

Signature of Parent/Guardian: _____ Date: _____

Post near your computer at home.

Family Internet Safety Pledge

- I will talk with my parents or guardian about their expectations and ground rules for going online.
- I will keep my identity private.
- I will never respond to any online communication that makes me feel uncomfortable.
- I will never meet in person with anyone I have first "met" online without discussing it with my parents or guardian.
- I will respect other people's rights while online.

Signatures of Family Members:

Learn more about Internet Safety at

<https://www.commonssensemedia.org/parent-concerns>

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, textbooks, eMagazines, newspapers, and other reference works. These resources also provide links to external websites that have been reviewed for educational appropriateness.
- Synergy: students in grades 6-12 have an account that allows them to turn in assignments, communicate with teacher, review grades and assignments they can access at home or school.
- 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 and click "Schools" to locate a school's webpage.

Please contact us 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.

Student and Parent Signatures

Please sign below and return to your teacher.

I have read the District Acceptable Use Policy. I agree to follow the rules to ensure my safe and appropriate use of computers and the Internet at school.

Student Signature: _____

Print 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: _____

RIALTO UNIFIED SCHOOL DISTRICT



Student Acceptable Use Policy for Computer & Internet Use GRADES 6-12



Students: This Acceptable Use Policy will allow you to use the computers and Internet resources at school. You and your parent/guardian must sign this document indicating you have read and understand its content.

Parents/Guardians: This document provides an explanation of the different computer and Internet-based resources your child will have access to at school. Your signature is required as confirmation that you and your child fully understand the guidelines and rules of this policy. Please refer to the parent information on the back side of this brochure.

Benefits of Using Computers & the Internet in School

There is a wealth of resources available on the computers in your school. Here are just some of the things you can do with them:

- Take quizzes/tests to show your teacher what you've learned.
- Access online resources such as the school library catalog, encyclopedias, magazines, newspapers, and more.
- Access career and college information
- Create and store electronic documents.
- Use student-safe communication tools like email, discussions boards, etc.

Potential Risks

You need to be aware there are risks when using computers and Internet-based resources. The district has safeguards in place to protect users, but there are always potential risks, including:

- exposure to inappropriate material
 - harassment
 - negative encounters with others
- The following rules will help you avoid these potential dangers while using the great resources that computers provide in your school.

Student Rules for Computer & Internet Use at School

- I will use the computers at my school only for educational activities.
- I will not intentionally damage the computers or other technology at my school.
- I will not share my passwords for any school programs with anyone, including friends.
- I will not use anyone else's password.
- I will not give out personal information about other people or myself. Personal information includes pictures, address, telephone number, school address, work address, etc.
- I will not attempt to gain unauthorized access to any District computer systems.
- I will not attempt to bypass the district's safety and security systems.

I will never agree to get together with someone I "met" online without parental permission and guidance.

I will not respond to any messages that are mean or in any way make me feel uncomfortable. If I receive a message like this, I will tell my teacher right away.

I will respect my privilege of using the Internet and not engage in any use that is harmful or hurtful to others.

I will not use the Internet outside of school to harass or harm other students, teachers, or school personnel.

I will cite my source whenever using information, pictures, or music that I did not create.

Consequences of Inappropriate Use

In today's society, computers are an important part of life and work. They are also an important part of your learning experience. However, if you violate the rules outlined in this document, you will face disciplinary action which may include revoking (taking away) your privileges for using school computers or even expulsion.

After discussing this information with your parent/guardian, sign the back and return it to your teacher.



Post near your computer at home.

Login Information for Home Access

Some of our resources can be used at home and school. You can access these resources from your school's website. To log in at home, use the information below. Remember – you may not share this information with anyone else!

School Website:

_____rialto.k12.ca.us

Grolier Login

Username: _____

Password: _____

You can also access resources from the Public Library through your school's webpage if you have a library card. Record your library card number here for easy access when you're on the Internet at home.

Public Library Card #: _____

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: _____

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
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
- 1(800) 300-1506
- Find in-person help: 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 213.
- ▶ 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
 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

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

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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



IEHP
(800) 720-4347
www3.iehp.org

MEDI-CAL
(877) 410-8829
www.C4Yourself.com



SAN BERNARDINO COUNTY
TRANSITIONAL ASSISTANCE DEPARTMENT
1175 W. Foothill Blvd.
Rialto (877) 410-8829