WELFARE AND INSTITUTION CODE §4731 COMPLAINT FORM INVESTIGATION REQUEST

DS 255 (New 8/2007) (Electronic Version)

A consumer, or any representative, acting on behalf of any consumer or consumers, may file a W&I Code Section 4731 complaint against a regional center, developmental center, or any private service provider receiving Lanterman Act funds. This form is voluntary and may be used as guidance in writing your complaint letter.

Name of Person filing Complaint	Relationship to Consumer	Telephone Number	
Carl Argila	Father	800-903-6903	
Address (Mailing Address)	**(City)**	**(State)**	**(Zip)**
P. O. Box 1219	Pico Rivera	CA	90660

Name of Consumer	Birth Date (Month, Date, Year)
Cavan Argila	5/14/1981

Regional Center/Developmental Center
San Gabriel Pomona Regional Center

Describe your complaint including the following as applicable: (a written statement may be attached or used instead of the form)

- A statement of facts upon which the alleged rights violation is based;
- The party allegedly responsible;
- A proposed solution to the problem.

Submit your complaint to the Director of the regional center or developmental center from which you or the consumer receives services.

Signature [signature] Date 11/29/25

Confidential Client Information
W & I Code, 4514 and 5328

Attachment

Cavan Argila is an intellectually disabled Deaf man. Cavan resides in a group home operated by a San Gabriel Pomona Regional Center (SGPRC) vendor.

Cavan participates regularly in his quarterly Individual Program Plan (IPP) meetings. Cavan has requested that I represent him at these meetings. Cavan's most recent IPP meeting was conducted on 11/07/2025.

Since approximately June 2021, the SGPRC has been the designated payee for all government benefits paid to Cavan. These include his Social Security Administration benefits namely Social Security disability payments.

The SGPRC has failed to provide Cavan with any accounting of how those payments have been managed for Cavan's benefit. It has now come to light that Cavan's Social Security benefits have been mismanaged resulting in a demand by the Social Security Administration for repayment of $9,630 (see attached).

This situation may have long-term consequences for Cavan, affecting Cavan's credit status and preventing Cavan from obtaining credit. Cavan ultimately wants to purchase his own home and live independently.

Cavan requests that the SGPRC resolve this situation with the Social Security Administration and provide Cavan with proof of resolution. Furthermore Cavan requests that he be responsible for managing his own Social Security benefits with the assistance of his family.

Respectfully,

Carl Argila

Social Security Administration
Billing Statement
Important Information

Western Program Service Center
P.O. Box 2000
Richmond, California 94802-1791
Date: October 16, 2025
BNC#: 25O3294J72838-04

SGPRC FOR
CAVAN C ARGILA
P O BOX 2280
WEST COVINA CA 91793-2280

AMOUNT DUE	$9,630.00
New Balance	$9,630.00
PAYMENT OF NEW BALANCE OR AMOUNT DUE MUST REACH US BY	November 3, 2025

Did You Forget?

This statement concerns an overpayment of Social Security benefits paid to CAVAN C ARGILA, A.

We have not received the payment due. Please send us the full payment right away.

For your convenience, you can make a secure payment at www.pay.gov/public/form/start/834689469 online. Your Remittance ID is HK77PS86GM.

To request to repay a smaller amount monthly over a longer period of time, please call us at the telephone number below.

If you have mailed the payment amount due within the past week, please disregard this statement.

Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit http://oig.ssa.gov/report or call the Inspector General's Fraud Hotline at **1-800-269-0271** (TTY **1-866-501-2101**).

If You Have Questions

If you have any questions about this statement, please call us at 1-800-227-8835 TOLL-FREE. The office hours are Monday through Friday, 8:00 a.m. to 4:30 p.m. PT.

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