

# RATE DEVELOPMENT - INDIVIDUAL COSTS ASSOCIATED WITH RESIDENCY

DS 6024 (REV 10/2016)

## A. FACILITY TYPE

Enhanced Behavioral Supports Home      Community Crisis Home      Other \_\_\_\_\_

## B. CONTACT INFORMATION

Consumer Name:		UCI #
Vendor Name:		Vendor #
Vendor Address:		
City:	State:	Zip:

## C. CATEGORIES AND DESCRIPTIONS OF COSTS

	Unit Cost	Total Monthly Cost	Notes
<b>1. Salaries and Wages</b>			
a. Total Wages – Hourly Direct Care Staff			
1) Direct Care Staff			
2) Behaviorist			
3) Relief Time/Staff			
4) Other Costs: Describe in Notes			
<b>Total Salaries and Wages Costs</b>		<b>\$</b>	
<b>2. Payroll Taxes, Workers Compensation, and Fringe Benefits</b>			
a. Payroll Taxes			
b. Workers Compensation			
c. Benefit Allowance: Medical, Dental, etc.			
d. Other Costs: Describe in Notes			
<b>Total Taxes and Benefits Costs</b>		<b>\$</b>	
<b>Total Personnel Costs (Combine Totals from Section 1 and 2 above)</b>		<b>\$</b>	
<b>3. Program Costs – Per Consumer</b>			
a. Snacks/Food			
b. Combined Utilities - Additional			
c. Consultant (Non-Behaviorist)			
d. Training			
e. Transportation: Vehicle, Maintenance, Fuel (not DP/School)			
f. Other Costs: Repairs and Maintenance - Additional			
g. Office Supplies - Additional			
h. Other Costs: Outside Activities Expenses			
i. Other Costs: Activity Supplies			
j. Other Costs: Describe in Notes			
<b>Total Program Costs</b>		<b>\$</b>	
<b>TOTAL INDIVIDUAL COSTS</b>		<b>\$</b>	

## D. SIGNATURES

Vendor Signature:	Date:
Print Name:	
Regional Center Representative Signature:	Date:
Print Name:	