

**ENHANCED BEHAVIORAL SUPPORTS HOME - RATE DEVELOPMENT
INDIVIDUAL COSTS ASSOCIATED WITH RESIDENCY
DS 6024 (New 10/2015)**

A. CONTACT INFORMATION:			
Consumer Name:			UCI #
Vendor Name:			Vendor #
Vendor Address:			
City:	State:	Zip:	
B. CATEGORIES AND DESCRIPTIONS OF COSTS			
	Unit Cost	Total Monthly Cost	Notes
1. Salaries and Wages			
a. Total Wages – Hourly Direct Care Staff			
1) Direct Care Staff			
2) Behaviorist			
3) Relief Time/Staff			
4) Other Costs – Describe in Notes			
Total Salaries and Wages Costs		\$	
2. Payroll Taxes, Workers Compensation, and Fringe Benefits			
a. Payroll Taxes			
b. Workers Compensation			
c. Benefit Allowance: Medical, Dental, etc.			
d. Other Costs - Describe in Notes			
Total Taxes and Benefits Costs		\$	
Total Personnel Costs (Combine Totals from Section 1 and 2 above)		\$	
3. Program Costs – Per Consumer			
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			
Total Program Costs		\$	
TOTAL INDIVIDUAL COSTS		\$	
C. SIGNATURES			
Vendor Signature:			Date:
Print Name:			
Regional Center Representative Signature:			Date:
Print Name:			