

**COMMUNITY CRISIS HOME - RATE DEVELOPMENT
INDIVIDUAL COSTS ASSOCIATED WITH TRANSITION
DS 6028 (New 10/2016)**

A. CONTACT INFORMATION:

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

B. CATEGORIES AND DESCRIPTIONS OF COSTS

	Unit Cost	Total Daily Cost	Notes
1. Salaries and Wages			
a. Total Wages - Hourly Direct Care Staff			
1) Direct Care Staff			
2) Behaviorist			
3) 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 - Consumer Specific			
a. Consultant			
b. Transportation (not DP/School)			
c. Other Costs: Describe in notes			
d. Other Costs: Describe in notes			
Total Program Costs		\$	
TOTAL INDIVIDUAL TRANSITION COSTS – DAILY RATE		\$	

C. SIGNATURES

Vendor Signature:	Date:
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Print Name:

Regional Center Representative Signature:	Date:
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Print Name: