

1. Reporting Period
[] through []

2. Vendor Name
[]

3. Vendor Number [] Service Code [] Subcode []

4. Business Address (Street, City, State, Zip Code)
[]

5. Mailing Address (Street, City, State, Zip Code)
[]

6. Management Organization Name (if applicable)
[]

7. Service Director [] Telephone Number []

PROGRAM INFORMATION

8. Name of Vendoring Regional Center
[]

9. Name of User Regional Centers
[]

TEMPORARY PAYMENT RATE APPLICANTS ONLY

10. Date service began or will begin []

TEMPORARY PAYMENT RATE APPLICANTS STOP HERE AND SIGN LINE 21

PERMANENT PAYMENT RATE APPLICANTS COMPLETE REMAINDER OF PAGE

11. Actual client days []
or

12. Actual client hours []

VENDOR COSTS

13. Salaries and Wages []

13a. Average Salary and Wage and Fringe Benefit []

14. Fringe Benefits []

15. Operating Expenses (from page 4, line 17) []

16. Management Organization Costs (from page 5, line 2) []

17. Negotiated Level of Payment Adjustment (from page 6, line 4) []

18. **TOTAL COST** []

19. **VENDOR INCOME** (from page 5, line 5) []

20. **NET COST** []

21. I hereby certify to the best of my knowledge and belief that this cost statement is true and correct, and complies with the requirements of Title 17, Sections 57422 through 57439.

Signature

Date

UNITS OF SERVICE AND STAFFING

FOR ACTIVITY CENTERS, ADULT DEVELOPMENT CENTERS AND
 BEHAVIOR MANAGEMENT PROGRAMS ONLY

Vendor Name:

Vendor Number:

Service Code: Subcode:

Number of direct service hours operated per-day:

Month	Year	1 Staff Hours for Direct Service	2 Service Days	3 Clients Enrolled	4 Client Days of Attendance
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					

UNITS OF SERVICE AND STAFFING

FOR SOCIAL RECREATION, INDEPENDENT LIVING
 AND INFANT DEVELOPMENT PROGRAMS ONLY

Vendor Name:

Vendor Number:

Service Code: Subcode:

Month	Year	1 Staff Hours for Direct Service	2 Authorized Direct Service Hours	3 Authorized Number of Clients	4 Number of Clients Receiving Service	5 Actual Hours of Attendance
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

Vendor Name:

Vendor Number:

Service Code: Subcode:

OPERATING EXPENSE SHEET

1. Accounting fees.....	<input type="text"/>
2. Bank service fees.....	<input type="text"/>
3. Communication costs.....	<input type="text"/>
4. Contractual/consultation fees.....	<input type="text"/>
5. Depreciation costs.....	<input type="text"/>
6. General expenses.....	<input type="text"/>
7. Insurance costs.....	<input type="text"/>
8. Janitorial fees	<input type="text"/>
9. Legal fees	<input type="text"/>
10. Maintenance costs	<input type="text"/>
11. Office and program supplies	<input type="text"/>
12. Rental and lease costs	<input type="text"/>
13. Staff training costs.....	<input type="text"/>
14. Travel costs	<input type="text"/>
15. Utility costs.....	<input type="text"/>
16. Vehicle depreciation	<input type="text"/>
17. TOTAL OPERATING COSTS (to page 1, line 15).....	<input type="text"/>

Vendor Name:

Vendor Number:

Service Code: Subcode:

MANAGEMENT ORGANIZATION COST

1. Total allowed cost
2. Amount allocated to this service *(to page 1, line 16)*
3. Method for allocating cost *(check one)*
 - Hours of attendance
 - Days of attendance
 - Total cost for each service

VENDOR INCOME

- | 4. Name of Vendor Income Source | Duration of Funding | Total Income |
|---------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
5. Total *(to page 1, line 19)*

APPLICABLE ONLY TO VENDORS WHO NEGOTIATED A LOWER LEVEL OF PAYMENT

Vendor Name:

Vendor Number:

Service Code: Subcode:

REGIONAL CENTER PAYMENT INFORMATION

	A	B	C	D
1.	Name of Regional Center	Total Amount of Actual Regional Center Payment	Maximum Amount of Regional Center Payment	Difference
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	Total.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Total amount of cost reductions implemented as a result of the negotiated level of payment		<input type="text"/>	
4.	Enter the lesser of line 2D or line 3 (to page 1, line 17)		<input type="text"/>	

INSTRUCTIONS

Form DS 1897 (6/94) – Page 1

Line		Reference
1	Enter the reporting period of this cost statement.	57431
2	Enter the vendor name.	57433 (a)(1)
3	Enter the vendor number, service code, and subcode.	57433 (a)(1)
4	Enter the address where the vendored service is located.	57433 (a)(2)
5	Enter the mailing address for the vendored service.	57433 (a)(2)
6	Enter the name of the management organization, if the service is affiliated with a management organization.	57433 (a)(1)
7	Enter the name of the service director and telephone number for the vendored service.	57433 (a)(3) 57433 (a)(2)
8	Enter the name of the vendoring regional center.	57433 (a)(4)
9	Excluding the vendoring regional center, enter the names of all regional centers for which you provide services.	57433 (a)(4)
10	If you are applying for a temporary payment rate, enter the date you began or intend to begin providing services.	57433 (c)(1)
VENDORS REQUESTING A TEMPORARY PAYMENT RATE, GO TO LINE 21 VENDORS REQUESTING A PERMANENT PAYMENT RATE, COMPLETE LINES 11 THROUGH 21		
11 & 12	Enter the total actual number of client days or hours of attendance during this reporting period from page 2, column 4 or page 3, column 5.	57422 (a)(2)(A) or (B)
13	Enter the total gross salaries and wages, including overtime, and staff relief time for the vendored service.	57434 (a)(1)(A)
13a	Add the total salary and wage and fringe benefits for the direct service function. Divide this total by the total hours of employment for the direct service function. Enter this amount.	57434 (a)(1)(B)
14	Enter the total allowable fringe benefits associated with the salaries and wages on line 13 above.	57434 (a)(2)
15	Enter the total allowable operating expenses from page 4, line 17.	57434 (a)(3)
16	Enter the total allowable management organization costs from page 5, line 2.	57434 (a)(4)
17	Enter the amount from page 6, line 4.	57439 (b)
18	Enter the total of lines 13, 14, 15, 16, and 17.	
19	Enter the total allowable vendor income from page 5, line 5.	57438
20	Subtract line 19 from line 18.	
21	Sign and date Statement of Certification	57430 (a)
	<u>TEMPORARY PAYMENT RATE VENDORS:</u> INCLUDE WITH THE SIGNED COST STATEMENT, A COPY OF THE PROGRAM DESIGN AND VENDOR APPROVAL LETTER.	57433 (a)(5) 57433 (c)(2)
	<u>PERMANENT PAYMENT RATE VENDORS:</u> INCLUDE WITH THE SIGNED COST STATEMENT, A COPY OF THE PROGRAM DESIGN.	57433 (a)(5)

INSTRUCTIONS

Page 2 applies to Activity Centers, Adult Development Centers, and Behavior Management Programs only.

For Social Recreation, Independent Living and Infant Development Programs proceed to page 3.

This page is to report monthly data on the amount of staff hours used to perform the direct service function and the units of service provided. Unlike subsequent pages, data on this page is not transferred to page I but is used to verify the vendors annual staffing ratio per Section 57444.

Column		Reference
1	Enter the number of direct service hours actually provided to clients each month. Direct service hours are defined as the number of hours during which direct services were provided to clients by direct care staff and, for vendors reimbursed for absences, the number of direct service hours for which the vendor received reimbursement.	57433 (b)(1) 57210 (a)(3)
2	Enter the number of days in which the service was actually provided to clients each month, which shall include the number of days for which reimbursement for absences was received.	57433 (b)(2)(C)
3	Enter the maximum number of clients enrolled each month.	57433 (b)(2)(A)
4	Enter the actual number of days of attendance each month for all clients, which shall include the actual number of client days for which reimbursement for absences was received.	57433 (b)(2)(B)

INSTRUCTIONS

Form DS 1897 (6/94)

Page 3 – UNITS OF SERVICE AND STAFFING

Page 3 applies to Social Recreation, Independent Living, Infant Development Programs only.

This page is to report monthly data on the amount of staff hours used to perform the direct service function and the units of service provided. Unlike subsequent pages, data on this page is not transferred to page I but is used to verify the vendors annual staffing ratio per Section 57444.

Column		Reference
1	Enter the number of direct service hours actually provided to clients. Direct service hours are defined as the number of hours during which direct services were provided to clients by direct care staff and, for vendors reimbursed for absences, the number of direct service hours for which the vendor received reimbursement.	57433 (b)(1) 57210 (a)(3)
2	Enter the authorized number of direct service hours each month for all clients.	57433 (b)(3)(A)
3	Enter the number of clients scheduled to receive services each month within the hours identified in column 2.	57433 (b)(3)(B)
4	Enter the number of clients who actually received services each month within the hours identified in column 2, which shall include the number of clients for whom reimbursement for absences was received.	57433 (b)(3)(C)
5	Enter the actual number of hours of attendance each month for all clients, which shall include the actual number of hours for which reimbursement for absences was received.	574333 (b)(3)(D)

INSTRUCTIONS

Form DS 1897 (6/94)

Page 4 – OPERATING EXPENSE DETAIL SHEET

Line		Reference
1	Enter the cost for accounting fees.	57434 (a)(3)(A)
2	Enter the cost for bank service fees.	57434 (a)(3)(B)
3	Enter the communication costs including telephone, telegraph, teletype, centrex, telepak, postage, message service, facsimiles, and TDD.	57434 (a)(3)(C)
4	Enter the cost for contractual/consultant fees that do not have a specific cost category.	57434 (a)(3)(D)
5	Enter the depreciation cost excluding vehicle depreciation which is reported on line 16.	57434 (a)(3)(E)
6	Enter the cost for general expenses. See section referenced for items allowable under general expense.	57434 (a)(3)(F)
7	Enter the insurance costs.	57434 (a)(3)(G)
8	Enter the janitorial costs.	57434 (a)(3)(H)
9	Enter the cost for legal fees.	57434 (a)(3)(I)
10	Enter the maintenance costs. See section referenced for items allowable under maintenance costs.	57434 (a)(3)(J)
11	Enter the office and program supplies costs. See section referenced for allowable office and supplies costs.	57434 (a)(3)(K)
12	Enter the rental and lease costs. See section referenced for items allowable under rental and lease costs.	57434 (a)(3)(L)
13	Enter the staff training costs.	57434 (a)(3)(M)
14	Enter the travel costs.	57434 (a)(3)(N)
15	Enter the utilities costs.	57434 (a)(3)(O)
16	Enter the vehicle depreciation costs. See referenced section regarding depreciation methodology and useful life.	57434 (a)(3)(P)
17	Enter the total of lines I through 16 here and on page I, line 15.	

INSTRUCTIONS

Form DS 1897 (6/94)

Page 5 – MANAGEMENT ORGANIZATION COST AND VENDOR INCOME DETAIL SHEET

MANAGEMENT ORGANIZATION COST

Line		Reference
1	Enter the total allowed cost of the management organization.	57434 (a)(4)(C)2.
2	Enter the amount of management organization costs allocated to this service here and on page 1, line 16.	57434 (a)(4)(C)
3	Check the method of allocation used.	57434 (a)(4)(C)1.a. 57434 (a)(4)(C)1.b.

VENDOR INCOME

4	Enter the name of each source of vendor income, duration of funding, and total income.	57438 (a)
5	Enter the total of all vendor income here and on page 1, line 19.	57439 (a)

INSTRUCTIONS

Form DS 1897 (6/94)

Page 6 – REGIONAL CENTER PAYMENT INFORMATION DETAIL SHEET

APPLICABLE ONLY TO VENDORS WHO NEGOTIATED A LOWER LEVEL OF PAYMENT

REGIONAL CENTER PAYMENT INFORMATION

Line		Reference
1	Enter the name of each regional center, total amount of the actual regional center payment received from the regional center, maximum amount of the regional center payment which you would have received from the regional center based upon the established rate and the units of service actually provided, and the difference between the two amounts	57439 (a)(1) 57439 (a)(2)
2	Enter the total amount of all actual regional center payments received and the total of all maximum amounts of regional center payments, and the total difference between the two amounts.	57439 (a)(1) 57439 (a)(2)
3	Enter the total amount of cost reductions implemented as a result of the negotiated level of payment.	57439 (b)
4	Enter the lesser of the amounts entered on line 2D or line 3 here and on page 1, line 17.	57438 (a)