

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
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		\$	

D. SIGNATURES

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