

RATE DEVELOPMENT - FACILITY COSTS
DS 6023 (Rev 10/2016)

A. FACILITY TYPE

Enhanced Behavioral Supports Home Community Crisis Home Other _____

B. CONTACT INFORMATION

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

C. CATEGORIES AND DESCRIPTIONS OF COSTS

	Total Monthly Cost	Notes
1. Payroll Costs		
a. Administrator Salary		
b. Administrator Payroll Taxes		
c. DSP Lead Salary (168 Hours/Week)		
d. DSP Lead Payroll Taxes		
e. Workers Compensation		
f. Benefit Allowance: Medical, Dental, etc.		
g. Other Costs: Describe in notes		
Total Administrator Payroll Costs	\$	
2. Facility Related add category for 'Snacks/Food'		
a. Rental, Lease, or Mortgage, include Homeowner's Assoc. Dues		
b. Property Taxes		
c. Combined Utilities: Gas, Electric, Water, Garbage		
d. Janitorial Service, Gardening		
e. Transportation: Vehicle, Maintenance, Fuel (not DP/School)		
f. Telephone: Long Distance, Cell Phones, Pagers		
g. Office Supplies		
h. Insurance: Business Liability, Auto		
i. Fees for Licenses and Memberships		
j. Other Costs: Repairs/Maintenance/Modifications		
k. Other Costs: Cable and Internet		
l. Other Costs: Describe in notes		
Total Facility Related Costs	\$	
TOTAL FACILITY COSTS		\$

D. SIGNATURES

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

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 Move to DS6023			
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 Individual			
g. Office Supplies - Additional			
h. Other Costs: Outside Activities Expenses			
i. Other Costs: Activity Supplies			
j. Other Costs: Describe in Notes (e.g. cell phone, individual utilities)			
Total Program Costs		\$	
TOTAL INDIVIDUAL COSTS		\$	

D. SIGNATURES

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