

RATE DEVELOPMENT - INDIVIDUAL COSTS ASSOCIATED WITH RESIDENCY
DS 6024 (REV 5/2020)

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. Consultant (Non-Behaviorist)			
b. Training			
c. Transportation: Vehicle, Maintenance, Fuel (not DP/School)			
d. Office Supplies - Additional			
e. Other Costs: Repairs and Maintenance – Individual			
f. Other Costs: Outside Activities Expenses			
g. Other Costs: Activity Supplies			
h. 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:	