

**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
<b>1. Salaries and Wages</b>			
a. Total Wages – Hourly Direct Care Staff			
1) Direct Care Staff			
2) Behaviorist			
3) Relief Time/Staff			
4) Other Costs: Describe in Notes			
<b>Total Salaries and Wages Costs</b>			
<b>2. Payroll Taxes, Workers Compensation, and Fringe Benefits</b>			
a. Payroll Taxes			
b. Workers Compensation			
c. Benefit Allowance: Medical, Dental, etc.			
d. Other Costs: Describe in Notes			
<b>Total Taxes and Benefits Costs</b>			
<b>Total Personnel Costs (Combine Totals from Section 1 and 2 above)</b>			
<b>3. Program Costs – Per Consumer</b>			
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)			
<b>Total Program Costs</b>			
<b>TOTAL INDIVIDUAL COSTS</b>			

D. SIGNATURES	
Vendor Signature:	Date:
Print Name:	
Regional Center Representative Signature:	Date:
Print Name:	