

**REGIONAL CENTER CLAIMS REIMBURSEMENT SUMMARY:
COMMUNITY PLACEMENT PLAN (CPP) and
COMMUNITY RESOURCE DEVELOPMENT PLAN (CRDP)**

Fiscal Year 2021-22

Supplemental #: _____

Addendum

OPERATIONS

DESCRIPTION OF FUNDING	AMOUNT
Regular CPP (program code 01)	
Developmental Center (DC) Closure/Ongoing Workload (program code 03)	
NON-CPP FUNDING: Systemic, Therapeutic, Assessment, Resources, and Treatment (START) (program code 19)	
SUBTOTAL	

PURCHASE OF SERVICES

DESCRIPTION OF CPP FUNDING	AMOUNT
CPP Start-Up (program code 01 and service code 999)	
CRDP Start-Up (program code 18 and service code 999)	
Assessment (program code 01 and service code 056, 780, 785)	
Placement (program code 01)	
SUBTOTAL	

TOTAL NET CLAIM for the Month of	
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I hereby certify that the amounts claimed herein are in accordance with the Contract Number HD from _____ July 1, 20 ____ through June 30, 20 ____, between the Regional Center and the Department of Developmental Services, and that the client services have been purchased in accordance with the fee schedule established by the Department.

Signature:	Title:	Date:
Regional Center:		
Contracting Agency:		
Mail Check To:		
Regional Center Name:		
Address:		