

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

Fiscal Year 2023-24

Project ID _____
Supplemental #: _____
Addendum _____
Estimated Claim (applicable to 3rd FY only)

OPERATIONS (OPS)

DESCRIPTION OF FUNDING	AMOUNT
Regular CPP (program code 01)	
Developmental Center (DC) Closure/Ongoing Workload (program code 03)	
SUBTOTAL	

PURCHASE OF SERVICES (POS)

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)	
2020-21 CPP Reappropriation (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:		