

**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)	
<b>NON-CPP FUNDING:</b> Systemic, Therapeutic, Assessment, Resources, and Treatment (START) (program code 19)	
<b>SUBTOTAL</b>	

**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)	
<b>SUBTOTAL</b>	

<b>TOTAL NET CLAIM for the Month of</b>	
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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:		
<b><u>Mail Check To:</u></b> Regional Center Name: Address:		