

**SUPPORT DOCUMENT FOR REGIONAL CENTER INSTITUTION FOR
MENTAL DISEASE (IMD) PLACEMENT INFORMATION:
COMMUNITY PLACEMENT PLAN (CPP) PURCHASE OF SERVICES (POS) FORM**

This form is to be attached and submitted with the CPP claim form.

Fiscal Year 2021-2022

IMD CONSUMER
Regional Center:
Consumer UCI:
Current Residence:
Current Monthly Cost of Residence and Services:
Projected Residence:
Projected Costs of Projected Residence and Services:
Difference of Costs (that may be supplemented with CPP):

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:		