

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

This form is to be attached and submitted with the Regional Center Claims Reimbursement Summary Form (Enclosure G).

Fiscal Year 2024-25

IMD CONSUMER	
1. Regional Center	
2. Consumer UCI	
3. Placement Date	
4. Name of IMD Residence before transition into Community	
5. Regional Center Funded Monthly Cost of Residence at IMD	
6. Name and type of Community Residence after transition	
7. Cost of Community Residence and Services	
8. If line 7 cost is more than line 5 cost, subtract Line 5 from Line 7 (Difference of Costs may be supplemented with CPP) • Fiscal Year 2024-25 Guidelines for Regional Center Community Placement Plan and Community Resource Development Plan – For individuals who transitioned from an IMD or an out-of-state placement, only the prior Regional Center funded placement and transition costs that exceed the expenditure for services after transitioning into the community, will be funded through 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:		