

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

Fiscal Year 2025-26

- 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)	
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:		