

**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 Form (Attachment G).

**Fiscal Year 2025-26**

<b>IMD CONSUMER</b>	
1. Regional Center	
2. Consumer UCI	
3. Placement Date	
4. Name of IMD Residence before transition into Community	
5. <b>Regional Center Funded</b> 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)	
<ul style="list-style-type: none"> <li>Fiscal Year 2025-26 Guidelines for Regional Center Community Placement Plan and Community Resource Development Plan</li> </ul> <p>For individuals transitioning from an IMD environment, only transition and placement costs that exceed the prior regional center-funded services will be funded through CPP.</p>	

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:		