Attachment G

REGIONAL CENTER CLAIMS REIMBURSEMENT FORM: COMMUNITY RESOURCE DEVELOPMENT PLAN (CRDP)

Fiscal Year 2026-27

☐ **Project ID** _____

☐ **Supplemental #:**_____

☐ **Addendum**

☐ **Estimated Claim (applicable to 3rd FY only)**

OPERATIONS (OPS)

DESCRIPTION OF FUNDING	AMOUNT
Regular (program code 01)	$ 0.00
Developmental Center (DC) Closure/Ongoing Workload (program code 03)	$ 0.00
SUBTOTAL	$ 0.00

PURCHASE OF SERVICES (POS)

DESCRIPTION OF FUNDING	AMOUNT
	$ 0.00
CRDP Start-Up (program code 18 and service code 999)	$ 0.00
Assessment (program code 01 and service code 056, 780, 785)	$ 0.00
Placement (program code 01)	$ 0.00
SUBTOTAL	$ 0.00

TOTAL NET CLAIM for the month of _____	$ 0.00

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:		