

**COMMUNITY CRISIS HOME - RATE DEVELOPMENT  
INDIVIDUAL COSTS ASSOCIATED WITH TRANSITION  
DS 6028 (New 10/2016)**

**A. CONTACT INFORMATION:**

|                 |          |
|-----------------|----------|
| Consumer Name:  | UCI #    |
| Vendor Name:    | Vendor # |
| Vendor Address: |          |
| City:           | State:   |
|                 | Zip:     |

**B. CATEGORIES AND DESCRIPTIONS OF COSTS**

|  | Unit Cost | Total Daily Cost | Notes |
|--|-----------|------------------|-------|
| <b>1. Salaries and Wages</b>   |           |                  |       |
| a. Total Wages - Hourly Direct Care Staff                                    |           |                  |       |
| 1) Direct Care Staff   |           |                  |       |
| 2) Behaviorist   |           |                  |       |
| 3) Other Costs: Describe in Notes  |           |                  |       |
| <b>Total Salaries and Wages Costs</b>  |           | <b>\$</b>        |       |
| <b>2. Payroll Taxes, Workers Compensation, and Fringe Benefits</b>           |           |                  |       |
| a. Payroll Taxes   |           |                  |       |
| b. Workers Compensation  |           |                  |       |
| c. Benefit Allowance: Medical, Dental, etc.                                  |           |                  |       |
| d. Other Costs: Describe in Notes  |           |                  |       |
| <b>Total Taxes and Benefits Costs</b>  |           | <b>\$</b>        |       |
| <b>Total Personnel Costs<br/>(Combine Totals from Section 1 and 2 above)</b> |           | <b>\$</b>        |       |
| <b>3. Program Costs - Consumer Specific</b>                                  |           |                  |       |
| a. Consultant  |           |                  |       |
| b. Transportation (not DP/School)  |           |                  |       |
| c. Other Costs: Describe in notes  |           |                  |       |
| d. Other Costs: Describe in notes  |           |                  |       |
| <b>Total Program Costs</b>   |           | <b>\$</b>        |       |
| <b>TOTAL INDIVIDUAL TRANSITION<br/>COSTS – DAILY RATE</b>                    |           | <b>\$</b>        |       |

**C. SIGNATURES**

|                   |       |
|-------------------|-------|
| Vendor Signature: | Date: |
|-------------------|-------|

Print Name:

|   |       |
|---|-------|
| Regional Center Representative Signature: | Date: |
|---|-------|

Print Name: