

Services		Frequency			Cost				
Service	Service Code	Pricing Unit (hour, session, month)	Number of units per month	Number of annual units	Cost per unit	Pricing Unit (hour, session, month)	Employer's Burden 25%	Total per unit after Employer's Burden	Total for the year
<i>Example:</i>									
Respite	310	Hour	40	480	\$ 20.00	Hour	\$ 5.00	\$ 25.00	\$ 12,000.00
Community Integration	331	Hour	50	600	\$ 30.00	Hour	\$ 7.50	\$ 37.50	\$ 22,500.00
Physical Therapy	376	Session	2	24	\$ 100.00	Session	\$ -	\$ 100.00	\$ 2,400.00
<i>Subtotal of example category</i>									\$ 36,900.00

Input zero in Employer's Burden for Vendor Service Providers/Agencies and purchases									
Client's Name:	UCI Number:	Regional Center:	Service Coordinator:	Date:					
LIVING ARRANGEMENT									
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
<i>Subtotal for Living Arrangement category</i>									\$ -

EMPLOYMENT AND COMMUNITY PARTICIPATION									
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
<i>Subtotal for Employment and Community Participation category</i>									\$ -

HEALTH AND SAFETY									
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
									\$ -
<i>Subtotal for category Health and Safety</i>									\$ -

Budget total									
Spending Plan total									\$ -
Difference									