## Enhanced Rate Proposal

**Client’s Name** | **Estimated Move Date**
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**Date of Proposal** | **Residential Provider’s Name** | **Resource Manager’s Name**
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Describe the critical components for successfully transitioning the client into community services and/or the barriers which would need to be overcome for a successful transition.

Describe how the enhanced rate will be used to address these critical components.

What are the desired outcome for the client?

Plan for collecting and reporting data on desired outcomes.

Describe cost and breakdown of enhancements to be provided.

**Proposed Enhanced Rate** (daily cost in addition to assessed rate)

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**Estimated Duration for Enhanced Rate Need**

- □ 3 months
- □ 6 months
- □ 9 months
- □ 12 months

**Anticipated Move Date**

- □ 3 months
- □ 6 months
- □ 9 months
- □ 12 months

**Residential Provider’s Contact Name** | **Date Submitted**
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**Email** | **Phone (include area code)**
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\( (____) \)

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**Resource Manager / RMA’s Name**

**Comments:**

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**Review Committee’s Comments and Recommendations**

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**Approved Enhanced Rate** (daily cost in addition to assessed rate)

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**Title**

- □ 3 months
- □ 6 months
- □ 9 months
- □ 12 months
- □ Other:

**Residential Unit Manager’s Approval Signature**

**Date** | **Printed Residential Unit Manager’s Name**
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