

Enhanced Rate Proposal

CLIENT'S NAME		ESTIMATED MOVE DATE
DATE OF PROPOSAL	RESIDENTIAL PROVIDER'S NAME	RESOURCE MANAGER'S NAME
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) \$
ESTIMATED DURATION FOR ENHANCED RATE NEED <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months		ANTICIPATED MOVE DATE
RESIDENTIAL PROVIDER'S CONTACT NAME		DATE SUBMITTED
EMAIL	PHONE (INCLUDE AREA CODE) ()	
For DDA Use Only		
RESOURCE MANAGER / RMA'S NAME		
COMMENTS:		
REVIEW COMMITTEE'S COMMENTS AND RECOMMENDATIONS		
APPROVED ENHANCED RATE (DAILY COST IN ADDITION TO ASSESSED RATE) \$	TITLE <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other:	
RESIDENTIAL UNIT MANAGER'S APPROVAL SIGNATURE	DATE	PRINTED RESIDENTIAL UNIT MANAGER'S NAME