THRESHOLD CALCULATION SHEET

Name:_____ Date of Request:_____

CDDO:_____ CSP:_____ Tier: _____

DAY SERVICE	Avg.Hrs./Day	X	Rate/Hr. Inc. Ben.	=	Cost Per Day
Direct Serv. Staff		X	$	=	
Program Coord.		X	$	=	
Other Services:					
		X	$	=	
		X	$	=	
		X	$	=	
		X	$	=	
Subtotal 1					
Vacancy Factor (Subtotal 1 x 0.10)				=	
Equipment/Supplies (from Equipment/Supplies Form)					
Subtotal 2					
Administration (Subtotal 2 x 0.15)					
Total Day Service Rate Per Day					
RESIDENTIAL	Ave.Hrs./Day	X	Rate/Hr. Inc. Ben.	=	Cost Per Day
Direct Serv. Staff		X	$	=	
Program Coord.		X	$	=	
Other Services:					
		X	$	=	
		X	$	=	
		X	$	=	
		X	$	=	
Subtotal 1					
Vacancy Factor (Subtotal 1 x 0.10)				=	
Equipment and Supplies (from Equipment/Supplies Form)					
Subtotal 2					
Administration (Subtotal 2 x 0.15)					
Total Residential Service Rate Per Day					