

SELF-DETERMINATION PLAN-YEAR BUDGET

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|-------|------------|
| NAME: | PLAN YEAR: |
|-------|------------|

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| | CLS H2015 | Total to be used for Authorization | |
| HOURS TO BE DELIVERED PER WEEK: | <input style="width: 50px;" type="text"/> | | Case Mgr: <input style="width: 100px;" type="text"/> |
| UNITS TO BE DELIVERED PER WEEK: | <input style="width: 50px;" type="text" value="-"/> | <input style="width: 50px;" type="text" value="-"/> | |

| | | |
|----------------------|---|---|
| ANNUAL HOURS BUDGET: | <input style="width: 50px;" type="text" value="-"/> | |
| ANNUAL UNITS BUDGET: | <input style="width: 50px;" type="text" value="-"/> | <input style="width: 50px;" type="text" value="-"/> |

| | | |
|--|---|--|
| BUDGETED RATE PER UNIT: | <input style="width: 50px;" type="text" value="3.64"/> | |
| Sub-Total - ANNUAL SERVICE BUDGET (not to exceed): | <input style="width: 50px;" type="text" value="\$ -"/> | <input style="width: 50px;" type="text" value="\$ -"/> |
| ADD: Mileage for staff using personal vehicles to transport: | <input style="width: 50px;" type="text" value="\$ 600.00"/> | |
| TOTAL ANNUAL BUDGET: | <input style="width: 50px;" type="text" value="\$ 600.00"/> | |

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|--------------------------|--|------------------|---|----------------|---|
| SERVICE AUTHORIZATION #: | <input style="width: 100px;" type="text"/> | AUTH START DATE: | <input style="width: 50px;" type="text"/> | AUTH END DATE: | <input style="width: 50px;" type="text"/> |
|--------------------------|--|------------------|---|----------------|---|

FISCAL INTERMEDIARY FEE (paid by CMH): **\$128.75 per month**
 # OF MONTHS IN PLAN-YEAR:
 TOTAL PAID BY CMH:

| | | | | | |
|--------------------------|--|------------------|---|----------------|---|
| SERVICE AUTHORIZATION #: | <input style="width: 100px;" type="text"/> | AUTH START DATE: | <input style="width: 50px;" type="text"/> | AUTH END DATE: | <input style="width: 50px;" type="text"/> |
|--------------------------|--|------------------|---|----------------|---|

Prepared by: David Jenks, Self-Determination Coordinator for SCCMHA

You may be financially responsible for unauthorized use of Choice Voucher service hours or un-budgeted staff salary costs. Communicate all service needs to your case-coordinator to ensure your budget supports the services you need. Only services that are included and authorized in your **Person Centered Plan of Service** can be delivered through your Choice Voucher Budget.

By my signature below, I acknowledge receipt and understanding of my Choice Voucher Budget.

Accepted By: _____
 Consumer, Parent or Legal Guardian
 Date: _____

Approved By: _____ Date

Approved By: _____ Date
 Director/Supervisor
 (if required)