



Child Specific Contract or Extra Supervision Proposal

REGION

CLIENT NAME	FAMLINK PERSON ID	DATE OF BIRTH	AGE
AGENCY NAME	HOUSE NAME		PROVIDER NUMBER
HOME ADDRESS	CITY	STATE	ZIP CODE
			START DATE

Administrative Costs	AMOUNT PER MONTH	
Administrative cost per month (direct and indirect)		TOTAL ADMINISTRATION
Client transportation amount (routine and non-routine)		
Insurance premiums (if applicable)		
Other (specify):		
BRS Contractor Extra One-to-One Supervision Only: Check the correct box: <input type="checkbox"/> 1A <input type="checkbox"/> 1A Interim <input type="checkbox"/> 2A (Single Room) <input type="checkbox"/> Medically Fragile		

COMMENTS

Living Expenses / Room and Board	AMOUNT PER MONTH	
Rent / Lease / Building monthly overhead (not included in utilities)		TOTAL LIVING EXPENSES
Basic needs (food, clothing, incidentals)		
Utilities (includes power, water, garbage, telephone, cable, etc.)		

Community Inclusion / Recreation Support	
List any special or non-standard activities the youth requires to justify cost above the standard amount.	TOTAL COMMUNITY

Staff Costs				
Therapist / Consultants / Professionals	HOURS PER MONTH	HOURLY RATE	SUBTOTAL	
			\$0.00	TOTAL CONSULTANT
			\$0.00	
			\$0.00	
Staff Costs (Taxes and Benefits)	HOURS PER MONTH	HOURLY RATE	SUBTOTAL	
Direct care staff (school)			\$0.00	TOTAL STAFF
Direct care staff (non-school)			\$0.00	
Lead / Supervisor hours			\$0.00	
Program Manager hours			\$0.00	
Nursing care (MIP not to exceed 4 hrs daily)			\$0.00	
BRS Contractor Extra One-on-One Supervision Only			\$0.00	
Other (specify):			\$0.00	

COMMENTS

\$0.00	\$0.00
DAILY RATE	MONTHLY TOTAL

Staff Schedule Reporting

CLIENT NAME		FAMLINK PERSON ID		DATE OF BIRTH		AGE		REGION	
AGENCY NAME				HOUSE NAME				PROVIDER NUMBER	
HOME ADDRESS			CITY		STATE		ZIP CODE		START DATE
Average Staff to Child Ratio for the Program (Provide a copy of the program / living unit weekly staff schedule.) Average daily number of direct care staff scheduled 7 AM - 3 PM: _____ Average daily number of direct care staff scheduled 3 AM - 11 PM: _____ Average daily number of direct care staff schedule 11 PM - 7 AM: _____ Total number of children in the living-in unit / program: _____									
One-on-One Supervision Staffing Schedule Only									
Provide the one-to-one staff supervision scheduled for each hour of each day of the week. A normal staff assigned to shadow a youth is not considered extra one-to-one supervision. Place a number "1" in the box which indicates the hour of the day a staff will be provided for the extra one-to-one supervision. If two being provided, place number "2" in the box.									
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
7:00 AM									
8:00 AM									
9:00 AM									
10:00 AM									
11:00 AM									
12:00 PM									
1:00 PM									
2:00 PM									
3:00 PM									
4:00 PM									
5:00 PM									
6:00 PM									
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10:00 PM									
11:00 PM									
12:00 AM									
1:00 AM									
2:00 AM									
3:00 AM									
4:00 AM									
5:00 AM									
6:00 AM									
Signatures: Only needed for BRS Contracted Providers Extra One-on-One Supervision Request									
BRS MANAGER'S SIGNATURE							DATE		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		BRS MANAGER SUPERVISOR'S SIGNATURE					DATE		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		AREA MANAGER / DESIGNEE'S SIGNATURE					DATE		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		REGIONAL OFFICE MANAGER'S SIGNATURE					DATE		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		REGIONAL ADMINISTRATOR / DESIGNEE'S SIGNATURE					DATE		