200 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Foster Care I	Budget Summary			
Individual	51 (2 13	Date of Birth	the second second		
Date of Assessment		Age			
		Assessed Rate	2:1 Review?	Amount	
	Foster Care Initial Support Rate	\$ 799	N/A	N/A	
	ADL Supports		No	\$0.00	
	Behavior Supports		No	\$0.00	
	Medical Supports		No	\$0.00	
	Nighttime Supports		No	\$0.00	
	Subtotal		5. ×	\$ -	
ONCLUTANTS	Total Before Consultants	\$ 1,451			

CONSULTANTS

- 40

The following funds are for payments of approved consultant services. By signing, the Provider acknowledges these funds are payment of utilized consultant services and cannot be used for any other purpose. The funds allocated for consultant services may be reduced or terminated if it has been decided the service is no longer required or is not providing the needed results.

Type of Service (1)		Type of Service (2)		Type of Service (3)	
Number of Hours		Number of Hours	 	Number of Hours	
Cost Per Hour		Cost Per Hour		Cost Per Hour	
Monthly Cost	\$ -	Monthly Cost	\$ 	Monthly Cost	\$

Consultant hours, timelines and proposed outcomes are to be addressed in the ISP.

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