



DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Division of Developmental Disabilities Services
STATE OF DELAWARE
DAY PROGRAM COST & REVENUE REPORT
BUDGET YEAR ENDING JUNE 30, 20XX
FOR THE PERIOD ENDED _____

Agency _____
 Site _____

	Provider Title	Annual Budgeted Costs		Year-To-Date Cost	
		No. FTE	Medicaid and DDDS	No. FTE	Medicaid and DDDS
I. Salaries by DDDS Title					
A. Program Management					
1. Program Director		-	-	-	-
2. Program Supervisor		-	-	-	-
3. Clinical Director		-	-	-	-
4. Residential Director		-	-	-	-
5. Other		-	-	-	-
B. Clinical Support					
1. LPN		-	-	-	-
2. RN		-	-	-	-
3. Behavior Analyst		-	-	-	-
4. Case Manager		-	-	-	-
5. Nurse's Aide		-	-	-	-
6. Other		-	-	-	-
C. Day Program Site Operations					
1. Program Supervisor		-	-	-	-
2. Program Associate - Workshop		-	-	-	-
3. Prog. Assoc. - Supported Employ.		-	-	-	-
4. Other		-	-	-	-
D. Transportation					
1. Transportation Coordinator		-	-	-	-
2. Driver		-	-	-	-
3. Driver's Aide		-	-	-	-
4. Other		-	-	-	-
E. Miscellaneous					
1. Maintenance		-	-	-	-
2. Other		-	-	-	-
3. Other		-	-	-	-
Salaries Subtotal		-	\$ -	-	\$ -
II. Fringe Benefits					
A. FICA/Medicaid		0.00%	\$ -	0.00%	\$ -
B. Workman's Comp.		0.00%	-	0.00%	-
C. Unemployment		0.00%	-	0.00%	-
D. Health Insurance		0.00%	-	0.00%	-
E. Life Insurance		0.00%	-	0.00%	-
F. Retirement/Pension		0.00%	-	0.00%	-
G. Other		0.00%	-	0.00%	-
Fringe Benefits Subtotal		0.00%	\$ -	0.00%	\$ -

	<u>Provider Description</u>	<u>Medicaid and DDS</u>	<u>Medicaid and DDS</u>
III. <u>Program Expenses</u>			
A. Rent/Lease		\$ -	\$ -
B. Food		-	-
C. General Insurance		-	-
D. Utilities		-	-
E. Telephone		-	-
F. Maintenance		-	-
G. Program Supplies		-	-
H. Staff Training		-	-
I. Staff Travel		-	-
J. Furniture and Appliances		-	-
K. Misc. Equipment		-	-
L. Other		-	-
M. Other		-	-
	Program Reimbursable Expenses Subtotal	\$ -	\$ -
IV. <u>Client Transportation</u>			
A. Vehicle Leases/Purchase		\$ -	\$ -
B. Vehicle Insurance		-	-
C. Vehicle Repairs & Maintenance		-	-
D. Fuel		-	-
E. Public/Private Trans.		-	-
F. Other		-	-
	Client Transportation Subtotal	\$ -	\$ -
V. <u>Miscellaneous Expenses</u>			
A. Client Recreation		\$ -	\$ -
B. Client Non-Medicaid Med.		-	-
C. Other		-	-
D. Other		-	-
E. Other		-	-
F. Other		-	-
	Miscellaneous Expenses Subtotal	\$ -	\$ -
VI. <u>Line Item Subtotals</u>		\$ -	\$ -
VII. <u>Contract Administration</u>		\$ -	\$ -
	Contract Administration Rate (%) (Line VII / Line VI)	0.00%	0.00%
VIII. <u>Column Totals</u> (Line VI + VII)		\$ -	\$ -
IX. <u>Revenue Distribution</u>			
		No. of Clients	Revenue
A. Misc. Revenues that Offset Contract Expenses	-	\$ -	\$ -
B. Medicaid Revenues	-	\$ -	\$ -
C. Medicaid Receivables	-	\$ -	\$ -
D. DDS Revenue	-	\$ -	\$ -
E. Total Revenue	-	\$ -	\$ -