



INLAND REGIONAL CENTER

...valuing independence, inclusion and empowerment

REQUEST FOR NEED

TYPE OF PROGRAM: Children's Home (Group Home) Levels 2 - 4I

GEOGRAPHIC LOCATION: Riverside County; San Bernardino County

AVAILABILITY OF START-UP FUNDS: Start-up funds are **not available** to support the development of these homes. Applicants are responsible for all costs associated with licensure and start-up activities.

SERVICE DESCRIPTION: Individuals supported in these homes will be male and female children, under the age of 18, who have a minimum of one or more Regional Center qualifying diagnosis. Individuals may also have a co-occurring mental health diagnoses. In addition, individuals may be either ambulatory or non-ambulatory and may display mild to severe behavioral challenges including, but not limited to, physical aggression, verbal aggression, tantrums, property destruction and self-injurious behaviors. Staff must be trained to effectively handle behavioral challenges and respond to them as opportunities to provide behavioral support and guidance. Level 4 homes must also provide each child with behavioral consulting services, consistent with the level of care provided. In addition, Applied Behavior Analysis (ABA) may be required, as appropriate, based on individual need. On-going supports and services include 24-hour care and supervised training for individuals with mild to severe deficits in self-help skills and activities of daily living.

FACILITY REQUIREMENTS: The facility should provide a home-like environment with a maximum vendored capacity of four (4) individuals who may be ambulatory or non-ambulatory. Each individual shall have his or her own bedroom. The home must be in compliance with the Centers for Medicare and Medicaid Services issued Final Rule.

CRITERIA FOR RESIDENTAL APPLICANTS: Potential licensees/administrators for these homes must have a minimum of twelve (12) months prior experience providing direct supervision and special services to persons with developmental disabilities in a licensed and vendored regional center residential facility; Title 17, Ch. 3, SubCh. 4, Section 56037 (d)(1).

SUBMISSION INSTRUCTIONS: Interested parties shall submit the following:

1. Letter of interest
2. Professional resume(s)
3. Monthly Operational Costs: A line item description of anticipated ongoing monthly operational costs of the proposed program (See Attachment A).
4. Projected Start- Up Costs: A line item description of anticipated start- up costs of the proposed program (See Attachment B).
5. Schedule of Development: A step-by-step action plan which includes measurable, time-limited activities by which to develop the proposed home.

DEADLINE FOR SUBMISSION: This request for need will remain open until resources have been developed and the service need has been fulfilled. Successful completion of the vendorization process does not guarantee referrals or purchase of service.

DELIVERY INSTRUCTIONS: Please mail letter of interest and supporting documentation to:

RDTU

Attention Nicole Sanchez

P.O. Box 19037

San Bernardino, CA 92423-9037

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**Attachment A:
MONTHLY (Ongoing) OPERATIONAL COSTS**

Item	Projected Ongoing Cost
Administrator's Salary	_____
Auto Gas and Oil	_____
Auto Lease	_____
Auto License/Insurance	_____
Consumer Activities	_____
Employee Wages, Benefits, and Insurance	_____
Employee/Payroll Taxes (FICA/Unemployment)	_____
Electric/Gas	_____
Food	_____
Furniture/Equipment/Appliances	_____
Household Supplies/Linens	_____
Insurance (General and Professional)	_____
Lease or Mortgage Payments	_____
Licensing Fees	_____
Maintenance/Repairs	_____
Mileage (if paid to employees)	_____
Program Consultants	_____
Program Supplies	_____
Telephone	_____
Other (Specify)	_____
TOTAL PROJECTED MONTHLY COSTS	\$ _____

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Attachment B: PROJECTED START UP COSTS

Include a description of how each line item was constructed. Include only those items applicable to your proposed project. If not applicable, mark N/A.

Item	Projected Cost
Administrator's Salary or Overhead (Maximum 15% of contract amount)	_____
Advertising	_____
Auto Gas	_____
Auto Lease (First 3 months)	_____
Auto Insurance	_____
Electric/Gas	_____
Employee Wages and Benefits (For Training)	_____
Fingerprints	_____
Furniture and Major Equipment	_____
Household Supplies/Linens	_____
Insurance (General and Professional)	_____
Kitchen Equipment/Small Appliances	_____
Lease/Mortgage (Up to 3 Months)	_____
Licensing Fees	_____
Office Supplies	_____
Program Consultants (For Training)	_____
Program Supplies/Recreation Equipment	_____
Telephone/TV Cable	_____
Other (Specify)	_____
TOTAL PROJECTED START-UP COSTS	\$ _____