State of Montana

Developmental Disabilities Program

Estimated Individual Cost Plan 2-11-2010

NAME:		DATE:		PERSON COMPLETING FORM:			
Time	**Task**	**Ratio**	**Minutes**	**Total hours**	**Rate**	**Cost**	**Annual Cost**
Res Hab 7 days per week							
6-6:15	bathing			x	x	x	x
6:15-6:30	toileting			x	x	x	x
6:30-6:45	breakfast			x	x	x	x
6:45-7:00	breakfast			x	x	x	x
7:00-7:15	toothbrushing			x	x	x	x
7:15-7:30	dressing			x	x	x	x
7:30-7:45	meds			x	x	x	x
7:48-8:00	relax			**Total hours**	**Rate**	**Daily Cost**	**Annual Cost**
total min			0	0.00	20.25	0.00	0.00
Day/Work Program for 5 days per week:							
8:00-8:15	coffee and read			x	x	x	x
8:15-8:30	walk			x	x	x	x
830-845	toilet			x	x	x	x
845-900	socialization			x	x	x	x
9-915	paint fingernails			x	x	x	x
915-930	paint fingernails			x	x	x	x
930-945	activity			x	x	x	x
945-10	activity			x	x	x	x
10-1015	activity			x	x	x	x
1015-1030	activity			x	x	x	x
1030-1045	activity			x	x	x	x
1045-11	activity			x	x	x	x
11-1115	activity			x	x	x	x
1115-1130	activity			x	x	x	x
1130-1145	activity			x	x	x	x
1145-12	activity			x	x	x	x
12:00-12:15	lunch			x	x	x	x
12:15-12:30	lunch			x	x	x	x
12:30-12:45	toothbrushing			x	x	x	x
12:45-1:00	activity			x	x	x	x
1:00-1:15	activity			x	x	x	x
1:15-1:30	activity			x	x	x	x
1:30-1:45	activity			x	x	x	x
1:45-2	toilet			x	x	x	x
2:00-2:15	activity			x	x	x	x
2:15-2:30	activity			x	x	x	x
2:30-2:45	activity			x	x	x	x
2:45-3:00	activity			x	x	x	x
3:15-3:30	activity			x	x	x	x
3:30-3:45	activity			x	x	x	x
3:45-4	activity			**Total hrs**	**Rate**	**Daily Cost**	**Annual Cost**
Total minutes			0	0	20.87	0.00	0

/60 = hours							
Weekends-2 days per week:							
8:00-8:15	coffee and read			x	x	x	x
8:15-8:30	walk			x	x	x	x
830-845	toilet			x	x	x	x
845-900	socialization			x	x	x	x
9-915	paint fingernails			x	x	x	x
915-930	paint fingernails			x	x	x	x
930-945	activity			x	x	x	x
945-10	activity			x	x	x	x
10-1015	activity			x	x	x	x
1015-1030	activity			x	x	x	x
1030-1045	activity			x	x	x	x
1045-11	activity			x	x	x	x
11-1115	activity			x	x	x	x
1115-1130	activity			x	x	x	x
1130-1145	activity			x	x	x	x
1145-12	activity			x	x	x	x
12:00-12:15	lunch			x	x	x	x
12:15-12:30	lunch			x	x	x	x
12:30-12:45	toothbrushing			x	x	x	x
12:45-1:00	activity			x	x	x	x
1:00-1:15	activity			x	x	x	x
1:15-1:30	activity			x	x	x	x
1:30-1:45	activity			x	x	x	x
1:45-2	toilet			x	x	x	x
2:00-2:15	activity			x	x	x	x
2:15-2:30	activity			x	x	x	x
2:30-2:45	activity			x	x	x	x
2:45-3:00	activity			x	x	x	x
3:15-3:30	activity			x	x	x	x
3:30-3:45	activity			x	x	x	x
3:45-4	activity			**Total hrs**	**Rate**	**Daily Cost**	**Annual cost**
			0	**0**	**20.25**	**0**	0
Res Hab Evening Schedule							
4-430	activity			x	x	x	x
430-445	rom			x	x	x	x
445-5	rom			x	x	x	x
5-530	dinner			x	x	x	x
530-545	dinner			x	x	x	x
545-6	hygiene			x	x	x	x
6-615	toileting			x	x	x	x
615-630	toileting			x	x	x	x

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630-645	socialization			x	x	x	x
645-7	socialization			x	x	x	x
7-715	meds			x	x	x	x
715-730	meds			x	x	x	x
730-745	program			x	x	x	x
745-8	program			x	x	x	x
8-815	relaxing			x	x	x	x
815-830	relaxing			x	x	x	x
830-845	relaxing			x	x	x	x
845-9	toileting			x	x	x	x
9-915	relaxing			x	x	x	x
915-930	relaxing			x	x	x	x
930-945	relaxing			x	x	x	x
945-10	relaxing			x	x	x	x
				x	x	x	x
10 pm to 6 am	sleep			x	x	x	x
				x	x	x	x
				x	x	x	x
				Total hrs	**Rate**	**Daily Cost**	**Annual cost**
total min			0	0	20.25	0.00	0
				Total Annual cost for Res hab/Day			**0.00**
Other waiver service:		Goods and Services					600
Other waiver service:							
Other waiver service:							
Other waiver service:							
Other waiver service:							
Other waiver service:							
Other waiver service:							
Other waiver service:							
Total estimated cost plan:							**600.00**