FRANK D. LANTERMAN REGIONAL CENTER

Residential Service Provider
Request For Health & Safety Rate Adjustment
Under March 4, 2020 State of Emergency (SOE) Declaration for COVID-19 Outbreak

Please fill out the information below and submit the completed form to providerservices@lanterman.org

VENDOR NAME: ____

VENDOR NUMBER(S):	SERVICE CODE	# CLIENTS CURRENTLY IN HOME	REQUIRED STAFFING RATIO (1:1, 1:2, etc.)	AVERAGE HOURLY RATE PAID TO STAFF

Was there any supplemental staff support in place in lieu of day program services prior to this SOE?

YES ☐ NO ☐

If YES, please explain:

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INDIVIDUAL FILLING OUT FORM: ____
(Print Name & Title)

VENDOR SIGNATURE: ______________________________________ DATE: ______________

FDLRC USE ONLY	
CS Director Approval: ______________________________	Approved Rate: ______________
Exec. Director Approval: ______________________________	Date: ______________