

Agency Name: _____

Fiscal Year: _____ Quarter: _____

MENTAL RETARDATION CHECKLIST

GENERAL FORMS

DBH/MRS Submission Form	Submitted _____
Program Activity Invoice Summary	Submitted _____
Expenditure Summary	Submitted _____
Administrative Cost Distribution Schedule	Submitted _____
Revenue Summary	Submitted _____ N/A _____
Residential Site Schedule (Revised)	Submitted _____ N/A _____
(1) Personnel Invoice Schedule	Submitted _____ N/A _____

MENTAL RETARDATION FORMS

Specialized Therapy Cost Report (xxxx-3050)	Submitted _____ N/A _____
Early Intervention Cost Settlement Report	Submitted _____ N/A _____
(1) Early Intervention Personnel Ros.	Submitted _____ N/A _____
Cost Per Trip Rate Setting Sch. (PAC#2610)	Submitted _____ N/A _____
Transportation Schedule (PAC #2600)	Submitted _____ N/A _____
Home & Com. Hab. Beh Sup. Sum (xxxx-2857)	Submitted _____ N/A _____
Home & Comm. Hab Summary (xxxx-0042)	Submitted _____ N/A _____
MA Fee For Service Schedule	Submitted _____ N/A _____

(1) Submitted only upon request by DBH/MRS