Based on the California Code of Regulations, Title 17, Division 2 Chapter 3 Community Services, Subchapter 19-Supported Living Services, Article 2-General Provisions, State Stature 58611(b)(1) which states "the Regional center shall not pay any costs incurred by a consumer receiving SLS in securing, occupying, or maintaining a home, rented, leased or owned by the consumer except when the executive director of the regional center has determined that: (l)Payment of the cost would result in savings to the state with respect to the cost meeting the consumer's overall services and support needs." Section (2) of this same statue, 58611(b) states "The costs cannot be paid by other means, including available natural or generic supports. In these situation the costs are limited to the following:

* (A) Rental or utility security deposits;
* (B) Rental or lease payments;
* (C) Household utility costs;
* (D) Moving Fees; and
* (E) Non-adaptive and/or non-assistive household furnishings, appliances, and home maintenance or repair costs.

When reviewing rental exception retrofitting requests, the following must be considered and presented in a formal letter of request from the vendor:

* Date of last planning team meeting to discuss the need for the retrofitting.
* Current IPP/IPP addendum where this was discussed and agreed upon by the planning team.
* Amount being requested.
* Identification of what the request is for (ie. Non-breakable replacement windows or shatter resistant film, reinforced walls, moisture resistant flooring etc.).
* Client overview and history including documentation of severity of past property destruction and injury.
* Identifications of health and safety concerns that has presented the need for retrofitting.
* Explanation of why other more cost effective arrangements are not appropriate/available at this time.
* Previous living arrangements and outcomes.
* Current living situations and environmental factors that poses a health and safety to the clients and or surrounding communities.
* Explanation of medical, behavioral, or psychiatric condition that presents a health and safety risk to the client or others.
* Explanation of how the payment of the retrofitting costs would result in savings to the State with respects to the client’s overall services and support needs.
* Explanation of future plans to assist the client to safely occupy and maintaining a home that is leased. Rented or owned by the client.

These Attachments need to be submitted with the request

* Itemized description and proposed costs for retrofitting to be completed.
* Documentation of history to support need for the proposed retrofitting (Special incident/Shared information reports, behavior data tracking/summaries, monthly progress noteRes, etc.).