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MAXIMUM MONTHLY RATES								
FACILITY	BASIC NEEDS				SPECIAL NEEDS			TOTAL
	01	SHELTER	CLOTHING 22	PERSONAL 02	PERSONAL COMFORT 02	SPECIAL CARE 04	YOUNG PARENT SUPERVISION	
WITH PARENTS Housing Type = Q								
Non-disabled	222		*	*				222
Disabled	222		*	*	53			275
Special Care	222		*	*	53	40		315
Disability Support	222		*	*	**	**		222
WITH RELATIVES Housing Type = E Shelter = 07								
Non-disabled	222	123	*	*				345
Disabled	222	123	*	*	53			398
Special Care	222	123	*	*	53	40		438
Disability Support	222	123	*	*	**	**		345
COMMERCIAL RM/BD Housing Type = C Shelter = 05								
Non-disabled		516	24	19				559
Supplemented		612	24		53			689
Disability Support		516	24	19	**	**		559
Young Parent								
Level I	222	612	24	19			100	977
Level II	222	612	24	19			200	1077
Level III	222	612	24	19			300	1177
LICENSED C.C.F Housing Type = G Shelter = 05								
Room and Board only		612	24		53			689
Personal/Supervisory Care		1936	24		53			2013

* "Clothing" included in FCHP

* "Personal" included in FCHP

** Persons eligible for the Disability Support Program are not eligible for allowances under this policy.

- "Relatives" include grandparents, brothers, sisters, and children over the age of majority, but does not include parents.

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- “Commercial” includes room and board in unlicensed community facilities, Hillsborough foster-care placements and room and board in private residences.
- “Dependants” of an applicant who are living in commercial room and board shall receive FCHP only unless additional shelter space is required.

CROSS REFERENCE

- 5-3 Shelter - Room and Board
- 6-4 Expenses Incidental to Special Care
- 6-5 Personal Comfort Allowance
- 2-5 Young Parents