



Providing community-based Mental Health, Intellectual Disabilities and Substance Abuse Services
Serving Counties of Augusta & Highland and the Cities of Staunton & Waynesboro

Sponsored Residential Compensation Agreement

Effective [Click here to enter a date.](#), following is an outline of the terms and conditions for Sponsored Placement compensation to be paid to: [click to enter sponsor name\(s\)](#)

The compensation rate is based on the Tier Level determined by the Individual's Supports Intensity Scale (SIS) scoring. This compensation rate has 21 days of non-billable time built in for when the Individual is away from the Program/home for periods of time exceeding twenty-four (24) hours. Sponsors are paid a flat monthly rate that includes the allotted 21 days of non-billable time. Once an individual has reached the allotted 21 days out of the Sponsor home, VCSB Program staff will meet with Sponsors to review the circumstances and develop an agreed upon plan of action.

The Support Level determined by the SIS for [click to enter client name](#) MIS #[click to enter number](#) falls into Tier Level [Choose an item.](#). The Sponsor will be compensated at the amount of \$ [Choose an item.](#) per month to provide the highest quality life experience that their abilities and interests allow per program guidelines. Compensation will commence upon delivery of Medicaid allowable activities.

SIGNATURES OF AGREEMENT

VALLEY COMMUNITY SERVICES BOARD

By: _____
Tina Martina Date
Developmental Services Director

By: _____
Wendy Mace Date
Residential Services Manager

By: _____
Nancy Stockner Date
Sponsored Residential Services Supervisor

SPONSORED RESIDENTIAL SPONSOR

By: _____
Click to enter name Date
Sponsor

Address: _____

Telephone: _____

CO-SPONSOR(S):

By: _____
Click to enter name Date
Co-Sponsor