

HARBOR REGIONAL CENTER

Non-Residential Services Re-Engagement Plan Review

Vendor Information			
Service Provider Name:		Vendor Number(s):	
Address(es):		Phone Number:	
Contact Name:		E-mail Address:	
HRC Reviewer: <i>(For HRC Staff)</i>		Date Reviewed: <i>(For HRC Staff)</i>	

Describe how you plan to transition to Traditional Services and the service modalities being used (on-site, remote, etc.)

How many clients are being billed for under Alternative Services? _____

How many clients are being billed for under Traditional Services? _____

Describe how many vacant positions your program has, and how you plan to fill those vacant positions to meet the needs under Traditional Services