

**HARBOR REGIONAL CENTER**

**Non-Residential Services Re-Engagement Plan Review – Day Programs**

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

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? \_\_\_\_\_

How many clients have expressed not being interested in returning to on-site services? Describe reasons.

How many clients utilize Contract Transportation to access your program? \_\_\_\_\_

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