

**ATTACHMENT 3: Forms**

**CIL Deinstitutionalization Cost Savings  
Report Summary**

CIL Name \_\_\_\_\_

ACCES-VR Contract Year \_\_\_\_\_

**Total Number of Institutional Preventions:** \_\_\_\_\_

*(Sum of Line 1a for all individual consumer worksheets)*

**Total Number of Institutional Terminations:** \_\_\_\_\_

*(Sum of Line 1b for all individual consumer worksheets)*

**Total Amount of Deinstitutionalization Savings: \$** \_\_\_\_\_

*(Sum of Line 4a for all individual consumer worksheets)*