Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Residential Allowance Request - Insufficient Income

IDENTIFYING INFORMATION

CLIENT NAME:	PROVIDER NAME:	DATE REQUESTED:			If no, date filed:
			Food Benefits	[select one]	
CASE MANAGER NAME:	# CLIENTS SHARING	EXPENSE MONTH:	SEC 8 HUD	[select one]	
			Utility Subsidies	[select one]	

For DDA Use Only: ☐ RM Verification of Pre-approval ☐ ETP Pre-approved by RMA

BASIC EXPENSES

		Actual Amount Spent
1	Rent	$0.00
2	Power	$0.00
3	Garbage	$0.00
4	Water/Sewer	$0.00
5	Cable/phone/internet/streaming	$0.00
6	**Subtotal Basic Expenses/Total for housemate allowance**	$0.00

ADDITIONAL EXPENSES

			Actual Amount Spent
7	Rental Expenses (Utility deposit, renters insurance, lawn care - please specify):		$0.00
8	Public Transportation (bus pass)		$0.00
9	Spending money ($100.00 max)		$0.00
10	Food (total cost minus food stamps (a - b below)		$0.00
	a Food cost (Receipts may be requested)	$0.00	
	b. Food benefits	$0.00	
11	Personal care and/or cleaning supplies (max $60, receipts may be requested)		$0.00
12	Medical Expenses		$0.00
13	Other (including one-time expense - specify as per instructions) **Requires pre approval from the Resource Manager, or if over $500 approval from RMA or designee. List below:**		$0.00
14	**Subtotal Additional Expenses**		$0.00

INCOME AND RESOURCES

			Sources (SSI, SSA, back payments, wages, bank accounts, gift cards etc.)
15	Income amount	$0.00	
16	Income amount	$0.00	
17	Income amount	$0.00	
18	Resources	$0.00	
19	Total Income & Resources	$0.00	**COMMENTS:**
20	Expenses (Line 6+14)	$0.00	
21	Funds available (Line 19)	$0.00	
22	Needed amount	$0.00	

PROVIDER STAFF COMPLETING FORM:	DATE:	CONTACT PHONE NUMBER:

PAYMENT AND AUTHORIZATION

RECEIPTS RECEIVED BY DDA: ☐ YES ☐ NO		**FUNDING SOURCE**	**AMOUNT**	
ETR (WAC 388-845-0115) Waiver/State Confirmed:	☐	SSP SA611	$	
ETR (WAC 388-827-0100) SSP Confirmed:	☐	STATE SA615	$	
ETR NA-State Only OR RCL Client:	☐	RM REVIEWING & AUTHORIZING PAYMENT:		DATE:
ETP (Policy 6.11) over policy limit	☐			