Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Residential Allowance Request — Start-Up Costs

SECTION 1: IDENTIFYING INFORMATION

CLIENT NAME: ☐ RCL	PROVIDER NAME:	DATE REQUESTED:
NEW HOUSEHOLD ☐ EXISTING HOUSEHOLD ☐		RESOURCE MANAGER NAME:

SECTION 2: PROVIDER REQUEST FOR START UP

Column 1	Est. Cost	Details	Column 2	Est. cost	Details
Housing application fee	$0		Vacuum cleaner, carpet cleaner	$0	
Rental security deposit	$0		Mop and bucket, broom, Swiffer	$0	
Utility set up and deposits	$0		Hamper, laundry baskets, laundry soap	$0	
Pro-rated rent for move in	$0		bedroom furnishing (bed dresser, night stand, lamp)	$0	
Moving expenses	$0		Bedroom essentials (bedding, mattress cover, pillows, comforter alarm clock)	$0	
Health and safety (1st aid kit, fire extinguisher, emergency kit)	$0		Window coverings	$0	
Living room furnishings (couch, chair, end tables)	$0		Cleaning supplies (Clorox wipes, Windex, garbage cans)	$0	
Cooking (pots, pans, sharp knives, peeler, veggie brush)	$0		Washer / dryer	$0	
Cooking (mixing bowls, utensils, scraper, measuring cups and spoons)	$0		Lawn/snow equipment	$0	
Kitchen appliances (microwave, toaster, coffee maker)	$0		Yard supplies (hose, sprinklers, shovel)	$0	
Kitchen basics (dishes, glasses, towels, dish holder and mat, dish soap)	$0		**Other**		
Living room essentials (décor, lamps)	$0			$0	
Kitchen table and chairs	$0			$0	
Food staples	$0			$0	
Bath towels (hand, face, bath, mat)	$0			$0	
Shower curtain, toilet brush, plunger	$0			$0	
			Total	$0	

ESTIMATE AMOUNT CLIENT WILL CONTRIBUTE (not needed for RCL):

PROVIDER JUSTIFICATION (FOR OTHER ITEMS):

NAME OF PERSON COMPLETING REQUEST: | DATE:

CONTACT PHONE NUMBER:

SECTION 3: DDA PREAPPROVAL (*for DDA use only*) **DATE:**

RM PRE-APPROVAL:	DATE:	**PRE- APPROVED AMOUNT:**	**$0.00**	
COMMENTS:		REVISED AMOUNT (if applicable):	$0.00	
		RMA/DESIGNEE PRE-APPROVAL SIGNATURE:		DATE:

SECTION 4: PROVIDER COST SUBMITTED FOR REIMBURSEMENT *(to be competed by the provider)*

AMOUNT **CLIENT** OR OTHERS CONTRIBUTED:

REQUESTED AMOUNT: (Enter total and attach copy of receipts)
$0.00

SECTION 5: APPROVAL AND PAYMENT

COMMENTS:

FUNDING	AUTHORIZED AMOUNT
RCL SA616	$0.00
WAIVER SA616	$0.00
SSP SA611	$0.00
STATE SA615	$0.00

ETR (WAC 388-845-0115) Waiver/State Confirmed: ☐
ETR (WAC 388-827-0100) SSP Confirmed: ☐
ETR NA-State Only OR RCL client: ☐
ETP (Policy 6.11) over policy limit ☐

RM AUTHORIZING PAYMENT: | DATE: