



DEVELOPMENTAL DISABILITIES ADMINISTRATION  
**Residential Allowance Request**

**IDENTIFYING INFORMATION**

CLIENT NAME	EXPENSES FOR THE MONTH OF:	DATE REQUESTED	# sharing expenses:
PROVIDER NAME			if no, date filed
CASE MANAGER NAME	Reason for Request	Food Benefits	[select one]
	[select one]	SEC 8 HUD	[select one]
		Utility Subsidies	[select one]

A. BASIC EXPENSES	MONTHLY	ONE-TIME
1. Rent	\$0.00	\$0.00
2. Utilities		
Power	\$0.00	\$0.00
Telephone	\$0.00	\$0.00
Garbage	\$0.00	\$0.00
Water/Sewer	\$0.00	\$0.00
3. Housemate Allowance		\$0.00
4. <b>Subtotal Basic Expenses</b>	<b>\$0.00</b>	

B. ADDITIONAL EXPENSES	MONTHLY	ONE-TIME
5. Cable/internet/streaming (see instructions for amount limit)	\$0.00	\$0.00
6. Rent/Utility deposit (please specify):		\$0.00
7. Public Transportation (bus pass)	\$0.00	\$0.00
8. Damage Expenses; Attach IR	\$0.00	\$0.00
9. Spending money (\$40.00 max)	\$0.00	\$0.00
10. Food (total cost minus food stamps (a - b below))	\$0.00	\$0.00
a. Food cost (Receipts may be requested)	\$0.00	
b. Food benefits	\$0.00	
11. Personal care products (max \$30, receipts may &/or cleaning supplies be requested)	\$0.00	\$0.00
12. Other (Specify as per instructions) <b>Requires discussion with, and approval from, the Resource Manager:</b>	\$0.00	\$0.00
13. <b>Subtotal Additional Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>

C. INCOME		Sources (SSI, SSA, back payments, wages, checking & savings accounts, etc.)
14. Income amount	\$0.00	
15. Income amount	\$0.00	
16. Income amount	\$0.00	
17. <b>Subtotal Income</b>	<b>\$0.00</b>	
18. Resources:	\$0.00	
19. <b>Total Income &amp; Resources</b> (Lines 17 + 18)	<b>\$0.00</b>	

REQUESTED AND AUTHORIZED AMOUNT			
Monthly request		One-time request	
20. Expenses (Line 4 & 13)	\$0.00	24. Expenses (Line 3 & 13)	\$0.00
21. Funds available (Line 19)	\$0.00	25. Funds available (Line 19)	\$0.00
22. Requested amount	\$0.00	26. Requested amount	\$0.00
23. Authorized amount		27. Authorized amount	

**COMMENTS:**

SIGNATURES			
NAME OF SERVICE PROVIDER COMPLETING THIS FORM (print)	SERVICE PROVIDER SIGNATURE	DATE	
RESOURCE MANAGER SIGNATURE	DATE	DDA RMA/DESIGNEE'S SIGNATURE	DATE

FOR DDA USE ONLY			
ETR (WAC 388-845-0115) Confirmed: <input type="checkbox"/>	PAYMENT CODES: <input type="checkbox"/> State (SA615) _____ <input type="checkbox"/> RCL (SA615) _____		
ETP Approved (Policy 6.11): <input type="checkbox"/> Exceed \$1500 <input type="checkbox"/> Other/Line12 <input type="checkbox"/> SSP	<input type="checkbox"/> SSP (SA611) _____ <input type="checkbox"/> Community Transition (SA616) _____		
PRIOR APPROVAL Obtained (Policy 6.11) <input type="checkbox"/> RCL	RECEIPTS RECEIVED: <input type="checkbox"/> DATE PAYMENT AUTHORIZED: _____		