## DEVELOPMENTAL DISABILITIES ADMINISTRATION

### Residential Allowance Request

#### IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>EXPENSES FOR THE MONTH OF:</th>
<th>DATE REQUESTED</th>
<th>IF sharing expenses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER NAME</td>
<td>Food Benefits</td>
<td>[select one]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASE MANAGER NAME</th>
<th>Reason for Request</th>
<th>SEC 8 HUD</th>
<th>Utility Subsidies</th>
<th>[select one]</th>
</tr>
</thead>
</table>

#### A. BASIC EXPENSES

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>ONE-TIME</th>
</tr>
</thead>
</table>

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
4. Subtotal Basic Expenses $0.00

#### B. ADDITIONAL EXPENSES

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>ONE-TIME</th>
</tr>
</thead>
</table>

5. Cable/internet/streaming (see instructions for amount limit) $0.00 $0.00
6. Rent/Utility deposit (please specify): $0.00 $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
   - Food cost (Receipts may be requested) $0.00
   - Food benefits $0.00
11. Personal care products &/or cleaning supplies (max $30, receipts may be requested) $0.00 $0.00
12. Other (Specify as per instructions) Requires discussion with, and approval from, the Resource Manager: $0.00 $0.00
13. Subtotal Additional Expenses $0.00 $0.00

#### C. INCOME

<table>
<thead>
<tr>
<th>Sources (SSI, SSA, back payments, wages, checking &amp; savings accounts, etc.)</th>
</tr>
</thead>
</table>

14. Income amount $0.00
15. Income amount $0.00
16. Income amount $0.00
17. Subtotal Income $0.00
18. Resources $0.00
19. Total Income & Resources (Lines 17 + 18) $0.00

#### REQUESTED AND AUTHORIZED AMOUNT

<table>
<thead>
<tr>
<th>Monthly request</th>
<th>One-time request</th>
</tr>
</thead>
</table>

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:

- Expenses (Line 3 & 13)
- Expenses (Line 3 & 13)
- Funds available (Line 19)
- Requested amount
- Authorized amount

#### 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: ☐
- PAYMENT CODES: ☐Date (SA615) ☐KL (SA615)
- ETP Approved (Policy 6.11): ☐Exceed $1500 ☐Other/Line12 ☐ISP
- ☐ISP (SA613) ☐Community Transition (SA616)
- PRIOR APPROVAL Obtained (Policy 6.11) ☐KL
- RECEIPTS RECEIVED: ☐DATE PAYMENT AUTHORIZED: _________

DSHS 06-125 (REV. 10/2018) COPIES TO: CRM and Service Provider