

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
**Residential Allowance Request / Start Up Costs**

SECTION 1: IDENTIFYING INFORMATION					
CLIENT NAME:		PROVIDER NAME:		CASE MANAGER NAME:	
NUMBER OF HOUSEMATES				RESOURCE MANAGER NAME:	
				DATE:	
SECTION 2: REQUEST FOR START UP					
Items	Est. Cost	Items	Est. cost	Items	Est. Cost
Housing application fee	\$0	Bath towels (hand, face, bath, mat)	\$0	Pro-rated rent for move in	\$0
Rental security deposit	\$0	Shower curtain, toilet brush, plunger	\$0	Food staples (flour, sugar, oil, seasonings)	\$0
Utility deposits	\$0	Kitchen towels, sponges, veg brush	\$0	Air conditioner / generator	\$0
Moving expenses	\$0	Mop and bucket, broom, Swiffer	\$0	Basic cable installation / service	\$0
Telephone hook-up charge	\$0	Hamper, laundry baskets, laundry soap	\$0	Recreational items	\$0
Health and safety (1st aid kit, fire extinguisher, emergency kit)	\$0	Bedding (mattress cover, sheets, blanket, comforter, pillow)	\$0		\$0
Dishes, glasses, silverware	\$0	Alarm clock, hangers, lamps	\$0		\$0
Essential furnishings (bed, dresser, lamp )	\$0	Window coverings	\$0		\$0
Essential furnishing (couch, chair, lamp, end tables)	\$0	Microwave	\$0		\$0
Essential furnishings (dinning table, chairs)	\$0	Cleaning supplies (clorox wipes, windex, garbage cans)	\$0		\$0
Sharp kitchen knives, peeler	\$0	Vacuum cleaner	\$0		\$0
Set of pots/pans, skillet, toaster	\$0	Lawn/snow equipment	\$0		\$0
Mixing bowls, measuring cups and spoons	\$0	Yard supplies (hose, sprinklers, shovel)	\$0		\$0
Cooking utensils (spatulas, scraper, etc)	\$0	Washer / dryer	\$0		\$0
Dish holder and mat, dish soap	\$0			<b>Sub-Total (3rd column)</b>	<b>\$0</b>
		<b>Sub-Total (1st and 2nd column)</b>	<b>\$0</b>	<b>Total</b>	<b>\$0</b>
<b>ESTIMATE</b> AMOUNT CLIENT WILL CONTRIBUTE:		PROVIDER JUSTIFICATION (FOR ITEMS IN COLUMN 3):			
NAME OF PERSON COMPLETING THIS REQUEST and DATE:					
CONTACT PHONE NUMBER:					
RMA/DESIGNEE PRE-APPROVAL SIGNATURE and DATE:					
DDA ETP APPROVAL IF NEEDED:		RM COMMENTS AND ENDORSMENT:			
SECTION 3: COST TO BE REIMBURSED FOR START UP					
AMOUNT CLIENT OR OTHERS CONTRIBUTED:		ACTUAL COST OF START UP: (Enter total and attach copy of receipts)			
NAME OF PERSON SUBMITTING FINAL INFO and DATE:		CONTACT PHONE NUMBER:			
FOR DDA USE ONLY					
ETR (WAC 388-845-0115) Confirmed: <input type="checkbox"/>		PAYMENT CODES:		RCL FUNDS	WAIVER FUNDS
NA-state only client: <input type="checkbox"/>		Comm Transition SA616			
RECEIPTS RECEIVED BY DDA: <input type="checkbox"/> YES <input type="checkbox"/> NO		SSP Adult Res Serv SA611			
DATE PAYMENT AUTHORIZED: <input type="text"/>		State Only RAR SA615			
		REVIEWED BY DDA RM:			

### **Instructions:**

1. Service Provider complete section 1 and page 2 and submits to DDA Resource Manager prior to purchase . Include an ESTIMATE of cost.
2. DDA RMA or designee provides approval to proceed with purchases. DDA returns signed document to provider.
3. Service Provider arranges for purchase or service and Submits receipt, invoice, or other documentation to verify expense to RM.
4. DDA will reimburse exact amount on receipt up to the amount approved, complete the DDA use only section and return document to provider.
5. If during the exchange of information, the amount exceeds the approved amount, the provider can request a revision from DDA via email. If approved, DDA will document the change on the form above prior to returning it to the service provider.