



DEVELOPMENTAL DISABILITIES ADMINISTRATION

Residential Allowance Request / Damages and Major Expenses

SECTION 1: IDENTIFYING INFORMATION (to be completed by the Service Provider)			
CLIENT NAME:	PROVIDER NAME:	CASE MANAGER NAME:	DATE:
		RESOURCE MANAGER NAME:	
SECTION 2: PURPOSE OF FUNDING REQUEST (to be completed by the Service Provider)			
TYPE OF REPAIR REQUIRED / WHAT ARE YOU REQUESTING?			
WHAT DAMAGE WAS CAUSED BY WHOM AND WHEN? WHY IS THE FUNDING NEEDED? IR Submitted to CRM <input type="checkbox"/> Yes <input type="checkbox"/> No			
WHO WILL YOU PURCHASE REPAIR OR SERVICE FROM? (Please list the vendor name)			
ESTIMATED COST: \$ 0	ESTIMATED AMOUNT CLIENT WILL CONTRIBUTE: \$ 0		
PROVIDER STAFF COMPLETING THIS REQUEST:	DATE	PROVIDER CONTACT PHONE NUMBER:	
FOR DDA USE ONLY (PRE-APPROVAL)			
APPROVED ESTIMATED COST REVISION: \$	DDA COMMENTS		
RMA or designee APPROVAL SIGNATURE AND DATE:			
ETR APPROVAL (over \$2000) SIGNATURE AND DATE:			
SECTION 3: COST TO BE REIMBURSED FOR DAMAGE REPAIR (to be completed by the Service Provider)			
ACTUAL COST OF REPAIR (attach copy of receipts): \$	-	WHO PAID FOR REPAIR OR SERVICE (name and contact info):	
AMOUNT CLIENT CONTRIBUTED: \$	-		
OTHER RESOURCES CONTRIBUTED: \$	-		
DDA COST: \$	-		
PROVIDER STAFF SUBMITTING FINAL INFO:	DATE	PROVIDER CONTACT PHONE NUMBER:	
FOR DDA USE ONLY (POST-APPROVAL)			
APPROVED FINAL DAMAGE RAR: \$	-	DDA RESOURCE MANAGER & DATE:	
DDA COMMENTS:			
ETR (WAC 388-845-0115) Confirmed: <input type="checkbox"/>	PAYMENT CODES:		
NA-state only client: <input type="checkbox"/>	Comm Transition SA616	RCL FUNDS	WAIVER FUNDS
RECEIPTS RECEIVED BY DDA: <input type="checkbox"/> YES <input type="checkbox"/> NO	SSP Adult Res Serv SA611		STATE ONLY
DATE PAYMENT AUTHORIZED: <input type="text"/>	State Only RAR SA615		
	REVIEWED BY DDA RM:		

Instructions:

1. Service Provider complete section 1 and 2, and submit to DDA Resource Manager prior to purchase or repair. Include an ESTIMATE of cost.
2. DDA RMA or designee provides approval to proceed with repair or purchase. DDA signs document in the pre-approval section and return it to provider.
3. Service Provider arranges for repair, purchase, service, completes section 3 and submits receipt, invoice, or other documentation to verify expense.
4. DDA will reimburse exact amount on receipt up to the amount approved, complete the DDA use only (post-approval) 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. DDA will document the change on the form above prior to returning it to the service provider.