



Residential Allowance Request

DSHS 06-125

Instructions for Providers, Resource Managers (RM) and Case Resource Managers (CRM)

Identifying Information Section

- **Client Name:** Client on whose behalf the request is being made.
- **Expenses for the Month of:** Note the month of the expenses.
- **Date Requested:** Must be within 90 days of the last day of the month of the expense.
- **Number Sharing Expenses:** Include ALL individuals who share bills in the home, making a note in the comments box if any are live-in staff, or agency shared costs.
- **Reason for Request:**
 - Housemate Allowance** – select in drop down. Housemate Allowance requests cannot be combined with any other request.
 - Start-Up** - Check the box. Start-up requests cannot be combined with any other request.
 - Insufficient Funds** - Check the box. Insufficient Funds requests may be combined with a Damage request, if applicable.
 - Damage Request** - Check the box. Damage requests may be combined with an Insufficient Funds request, if applicable.
- **Food Benefits, Section 8 and Utilities** – Click on the box for a drop down Yes or No for each. If No, indicate date applied for benefit. If there is no date to add, because applications are not currently open, there must be a note in the comment box.

If requesting a Housemate Allowance ONLY

Housemate Allowance requests cannot be combined with any other request.

A Housemate Allowance may be used to cover an absent housemate’s share of basic joint expenses, such as rent and utilities, if the absent housemate does not retain their Social Security benefits for home maintenance during their absence.

- Complete Lines 1, 2 and 5 with the portions related to the absent housemate’s share of joint expenses in the One-Time column.
- Lines 3 and 26 (One-Time box) will automatically populate.
- Sign and date.
- It is not necessary for the Service Provider to complete any other information.
- Receipts not required but must be made available upon request.

If requesting Start-Up ONLY

Start-up requests cannot be combined with any other request.

A Start-Up Allowance may be requested to establish a new residence. This may be used to cover pre- approved essential moving expenses, such as rent and/or utility deposits, installation charges, and to purchase personal items, such as furniture and household goods. Start-Up requests are limited to \$1,500 (RCL \$2,000.00). The Service Provider is required to submit a list of the necessary expenses and estimated cost to the RM for approval prior to purchase or submission. There is an expectation that the Service Provider and CRM will assist the person to explore all possible resources prior to requesting support funded with state dollars.

- Enter amounts on Lines 1, 2, 6, and 12 in the One-Time column.
- Lines 3, 13 and 26 in the One-Time column will automatically populate.
- Enter information on Lines 14 - 18. Line 19 will automatically populate.
- Sign and date.
- It is not necessary for the Service Provider to complete any other information.
- Receipts required.

**For all other requests complete each section per instructions
If both one time and monthly expenses use monthly column.**

A. Basic Expenses Section

1. **Rent:** Enter the individual’s share of the rent in the monthly column.
2. **Utilities:** Enter the individual’s share of the power, telephone, garbage and water/sewer on each line in the monthly column.
3. **Housemate Allowance** – see previous instructions about housemate allowance.
4. **Subtotal Basic Expenses:** Formula driven - automatically populates.

B. Additional Expenses Section

5. **Basic Cable/internet:** Enter total of all cable, internet, streaming services. For Single person household not to exceed \$125. For 2 person household not to exceed \$63. For 3 person household not to exceed \$42. For 4 person household not to exceed \$32. If the services are bundled and the bill is itemized, a receipt, or copy of the itemized bill, is required. List the phone amount on Line 2 and the other amount on Line 5. If services are bundled, but not itemized, the phone amount under Line 2 above would be zero, with the total bundle amounts on Line 5. Enter in monthly column.
6. **Rent / Utility Deposit:** Please specify the type of deposit. Enter in the One-Time column. If Deposit is split over several months then add to the monthly column. Explain this in the comment section.
7. **Public Transportation:** Monthly passes for public transportation. Enter in monthly column. List any funds spent by client on public transportation. Rate assessment should indicate use of public transportation.

Additional Expenses Section (continued)

8. **Damage Expenses:** Attach related Incident Reports. The RM will verify the PBSP, if applicable, as per policy. If the client is paying towards the damage costs, list the damage expense in the monthly column as part of person's expenses, if not, list the amount of the damage expense in the one-time column.
9. **Spending Money:** Maximum amount allowed is \$40. Enter in monthly column.
10. **Food:** This line will automatically populate after you complete items 10 a. and b.
 - a. List the actual cost of food for the month. Receipts may be requested.
 - b. List the amount of food benefits for the month including remaining balance from previous month.
11. **Personal Care Products and/or Cleaning Supplies:** Maximum allowed is \$30. Receipts may be requested. Enter in monthly column.
12. **Other:** This category is for any expense not covered by other sections of the form. **All** items in this category require that the Provider contact their RM to discuss needed items and receive RM approval, verbal or written, prior to purchase or submission. Uncovered medical expenses may require additional approval. Renter's Insurance can be included if the landlord requires it, and it is included in the lease. Enter the amount on the monthly or one-time column, as applicable.
13. **Subtotal Additional Expenses:** Formula driven - automatically populates.

C. Income Section. List ALL sources of income / benefits.

14. **Income:** Enter the monthly amount and indicate the source on the lines provided. If the income is below the SSI standard a written explanation must be included: payback, waiting for benefit to start, etc.
15. **Income:** Enter the monthly amount and indicate the source on the lines provided.
16. **Income:** Enter the monthly amount and indicate the source on the lines provided.
17. **Subtotal Income:** Formula driven - automatically populates
18. **Resources:** This includes the balance in any account that is available to the individual.
19. **Total Income and Resource:** Formula driven - automatically populates.

Requested and Authorized Amount Section

Formula driven based on monthly column for monthly request and one-time Column for one-time request

20 or 24. **Expenses:** Formula driven – automatically populates

21 or 25. **Funds Available:** Formula driven – automatically populates

22 or 26. **Requested Amount:** Formula driven – automatically populates. If there are extenuating circumstances that would alter the requested amount, line through the auto-populated amount, write the requested amount, and enter an explanation in the comments. If the request is for 1x only items such Housemate Allowance, Start-Up, or Damages / Deposits, for which the individual is not contributing any funds, which are listed in the one-time only column, the dollar figure will populate in the "One-Time Only Expense Requests" box.

23 or 27. **Authorized Amount:** Written in by RM.

COMMENTS: This section can be utilized by both the Service Provider submitting and the RM reviewing. Initials should follow any comment.

Signatures Section

Name of the Service Provider Completing This Form: Service Provider prints their name.

Service Provider Signature: Service Provider signs and dates. Electronic signatures are acceptable from the Service Provider. The Service Provider sends the completed, signed and dated RAR to the RM. Preferred method of submission is electronic.

Resource Manager: After reviewing, completing all RM required items, and indicating recommendation to approve, or deny, RM physically signs and dates. The RM then submits to the Resource Manager Administrator / Designee for approval.

RMA / Designee: RMA / Designee reviews, receives any clarification needed from the RM, writes in additional comments, if applicable, physically signs, and dates.

Upon receiving approval from the RMA/Designee, the RM processes for payment, and notes the date the payment was authorized.

DDA Use Only Section

ETR for use of state only funds (WAC 388-845-0115): An ETR is required when using state only funds for an individual on the waiver.

1. CRM is responsible for submitting the ETR in CARE, and including the required language in the ISP.
2. RM will confirm that the ETR has been submitted and check the box on the form.

* NOTE: This ETR does not apply to individuals receiving residential services funded through RCL or state-only funding.