

EXHIBITS B - C  
To  
Staffed LRA Residence  
Contract

**EXHIBIT B**

**RATE SCHEDULE**

**TO BE PROVIDED UPON NEGOTIATION OF CONTRACT**

## **EXHIBIT C**

Sample Forms Packet  
(Staffed LRA Residence)



## Special Commitment Center Special Additional Payment Request Form

Resident Name: _____, _____	
Resident Number: _____	
Service Month: _____	Date of Request: _____

*This form is for use by contracted vendors who provide residential support services for Special Commitment Center residents on a court-ordered conditional release.*

VENDOR NAME	TELEPHONE NUMBER	PROGRAM TYPE
VENDOR ADDRESS	CITY	STATE ZIP CODE

**INCOME**

	Source (SSI, wages, etc.)
1. Income Amount .....	\$ _____
2. Income amount .....	\$ _____
3. Income amount .....	\$ _____
4. Cash on hand .....	\$ _____
5. Subtotal Income .....	\$ _____
6. Amount in checking .....	\$ _____
7. Amount in savings .....	\$ _____
<b>8. Total income and resources available (Line 5+Line 6+Line 7) .....</b>	<b>\$ _____</b>

**BASIC EXPENSES**

	AMOUNT
9. Rent .....	\$ _____
<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
10. Utility	
Power .....	\$ _____
Telephone .....	\$ _____
Garbage .....	\$ _____
Water .....	\$ _____
Other (please specify): _____	\$ _____
<b>11. Sub Total Basic Expenses A .....</b>	<b>\$ _____</b>

**ADDITIONAL EXPENSES**

	AMOUNT
12. Basic cable (as allowed by region) .....	\$ _____
<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
13. Rent/utility deposit (please specify): _____	\$ _____
<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
14. Medical expenses .....	\$ _____
<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
15. Transportation .....	\$ _____
<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
16. Damage expenses .....	\$ _____
<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
17. Spending money (\$40.00) .....	\$ _____
<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
18. Housemate vacancy .....	\$ _____
<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
19. Food (total cost minus food stamps (a-b below)) .....	\$ _____
a. Food cost	\$ _____
b. Food stamp benefits	\$ _____
<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
20. Other (please specify): _____	\$ _____
<input type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
<b>21. Subtotal Additional Expenses B .....</b>	<b>\$ _____</b>

22. Allowable expenses (Line 11+Line 21)    \$ _____	25. Food stamp application filed/started: _____
23. Funds available (from Line 8)    \$ _____	26. Sec 8 HUD application filed/started: _____
24. Requested amount (Attach with bill or receipt and Invoice Voucher A-19)    \$ _____	27. Utility subsidy application filed/started: _____
	28. Application for GAU filed/started: _____
	29. Application for SSD filed/started: _____



Special Commitment Center  
**Special Additional Payment  
 Request Form**

Resident Name: _____, _____.	
Resident Number: _____	
Service Month: _____	Date of Request: _____

Explain in detail the resident circumstances that have resulted in the need for additional financial assistance from the Special Commitment Center to cover his/her **basic expenses**.

- A. Identify if it is a one-time request or an ongoing need. If it is an ongoing need, please complete section "B".  
 One-time Request     Ongoing Request
- B. Expected duration and detailed plan to return the resident back to a level of self-sufficiency.

Explain in detail the resident circumstances that have resulted in the need for each request for additional financial assistance from the Special Commitment Center to cover his/her **additional expenses**. For each request, identify if it is a one-time need or an ongoing need. If it is an ongoing need, please fill out portion "B" for each request.

1.
 

A.  One-Time Request                       Ongoing Request

B. Expected duration and detailed plan to return the resident back to a level of self-sufficiency.
2.
 

A.  One-Time Request                       Ongoing Request

B. Expected duration and detailed plan to return the resident back to a level of self-sufficiency.
3.
 

A.  One-Time Request                       Ongoing Request

B. Expected duration and detailed plan to return the resident back to a level of self-sufficiency.

Additional Comments:

**REQUESTING VENDOR\***

Name and Title	Signature	Date
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**COMMUNITY TRANSITION MANAGER APPROVAL**

Approved     Denied, explain:

Name and Title	Signature	Date
Shawn Bates, Community Transition Mgr.		

**ACCOUNTING APPROVAL**

Approved     Denied, explain:

Name and Title	Signature	Date
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**\*Send completed form to the Community Transition Manager. Attach the bill or receipt and an Invoice Voucher (A-19).**

**TRAVEL LOG WILL BE PROVIDED TO CONTRACTOR**

Special Commitment Center

STAFFED LRA RESIDENCE

Monthly Progress Report

Resident: \_\_\_\_\_

Date: \_\_\_\_\_

Period of reporting: [FROM DATE] to [TO DATE]

Reporting staff: \_\_\_\_\_

For this month, the following areas were assessed by staff:

ADL's (Activities of Daily Living):

Showering: \_\_\_\_\_

Medication compliance: \_\_\_\_\_

Diet: \_\_\_\_\_

Exercise: \_\_\_\_\_

Relationships with peers: \_\_\_\_\_

Relationships with staff: \_\_\_\_\_

Budget: \_\_\_\_\_

Short Term goal: \_\_\_\_\_

Long Term Goal: \_\_\_\_\_

Other issues or concerns for this month review period:

**RESIDENT CONFIRMATION**  
**Addendum to Client Agreement**

Resident Name:

LRA Name:

Location:

Date of Expected Admission:

Staff-to-Resident Supervision Ratio for Each Shift:

**APPROVALS**

**Signature of Authorized Representative:**

LRA

SCC

Name

Name

Title

Title

Date

Date



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**THE SUPERIOR COURT, STATE OF WASHINGTON  
IN AND FOR THE COUNTY XXXXX**

*In Re the Detention of:*

JOHN SMITH

Respondent.

No. 12-3-45678-9

Declaration of Housing Provider

My name is XX and I am the Owner of XXXXXXXXX. I declare that the following is true and correct to the best of my knowledge:

1. XXXXXXXXXX is an Less Restrictive Alternative ("LRA") Residence that provides housing and supported transitional living services to individuals who have formerly lived at the Special Commitment Center and who have been placed by a Court of Commitment in a Less Restrictive Alternative Residence. I own {the business that owns the LRA Residence} OR {the LRA Residence}. The LRA Residence is located at XXXX .
2. XXXXXXXXXX agrees to accept {name of new Resident} to reside at the above location and to provide the services as specified in the Client Service Contract between XXXXXXXXXX and DSHS/SCC (Attachment A).

**DECLARATION**

Attorney Address

- 1 3. XXXXXXXXXXXX agrees to provide the level of security required by the court  
2 pursuant to RCW 71.09.092(3); which may include but is not limited to monitoring  
3 the resident on approved trips into the community, 24 hour one on one staffing,  
4 alarms and video surveillance.
- 5 4. XXXXXXXXXXXX agrees to immediately report to the court, the prosecutor, the  
6 supervising community corrections officer, and the superintendent of the Special  
7 Commitment Center if {name of Resident} {violations to be reported}.

8 I declare under penalty of perjury that the forgoing is true and correct to the best of my  
9 knowledge.  
10

11  
12 \_\_\_\_\_  
Date and Place

12 \_\_\_\_\_  
XXX XXX

