



DEVELOPMENTAL DISABILITIES ADMINISTRATION

Residential Allowance Request - Insufficient Income / Housemate Allowance

IDENTIFYING INFORMATION				DATE REQUESTED:	
CLIENT NAME:	PROVIDER NAME:	EXPENSE MONTH:			If no, date filed
				Food Benefits [select one]	
CASE MANAGER NAME:	REASON FOR REQUEST: [select one]	# CLIENTS SHARING		SEC 8 HUD [select one]	
				Utility Subsid [select one]	
PREAPPROVED AMOUNT: \$0.00	FROM (mm/yy):	TO (mm/yy):		REVISED AMOUNT (if applicable):	
RM VERIFICATION: <input type="checkbox"/>				\$	
A. BASIC EXPENSES				Actual Amount Spent (II or HA)	
1 Rent					
2 Power					
3 Garbage					
4 Water/Sewer					
5 Cable/phone/internet/streaming					
6 Subtotal Basic Expenses/Total for housemate allowance					\$0.00
B. ADDITIONAL EXPENSES				Actual Amount Spent (II only)	
7 Rent/Utility deposit (please specify):					
8 Public Transportation (bus pass)					
9 Spending money (\$70.00 max)					
10 Food (total cost minus food stamps (a - b below))					\$0.00
a. Food cost (Receipts may be requested)					
b. Food benefits					
11 Personal care products &/or cleaning supplies (max \$40, receipts may be requested)					
12 Other including one time expense (Specify as per instructions) Requires pre approval from the Resource Manager after consultation with RMA or designee. List below:					
13 Subtotal Additional Expenses					\$0.00
C. INCOME AND RESOURCES					
14 Income amount				Sources (SSI, SSA, back payments, wages, bank accounts, gift cards etc.)	
15 Income amount					
16 Income amount					
17 Resources:					
18 Total Income & Resources (Lines 17 + 18)			\$0.00		
D. REQUESTED AND AUTHORIZED AMOUNT					
19 Expenses (Line 6 & 13)		\$0.00		COMMENTS:	
20 Funds available (Line 19)		\$0.00			
21 Needed amount		\$0.00			
22 Requested amount		\$0.00			
23 Authorized amount		\$			
SIGNATURES					
SERVICE PROVIDER COMPLETING (type):	DATE:	RM ENDORSEMENT:	DATE:		
RMA/DESIGNEE'S SIGNATURE:	DATE:	DDA ETP APPROVAL IF NEEDED:	DATE:		
FOR DDA USE ONLY			FUNDING SOURCE AMMOUNT		
ETR (WAC 388-845-0115) Waiver/State Confirmed: <input type="checkbox"/>	RCL SA716		\$		
ETR (WAC 388-827-0100) SSP Confirmed: <input type="checkbox"/>	WAIVER SA716		\$		
ETR NA-State Only OR RCL Client: <input type="checkbox"/>	SSP SA611		\$		
	STATE SA615		\$		
RECEIPTS RECEIVED BY DDA: <input type="checkbox"/> YES <input type="checkbox"/> NO		RM REVIEWING & AUTHORIZING PAYMENT:	DATE:		