Washington State
Department of Social
& Health Services
*Transforming lives*

DEVELOPMENTAL DISABILITIES ADMINISTRATION
## Residential Allowance Request - Insufficient Income

### IDENTIFYING INFORMATION

| CLIENT NAME: | PROVIDER NAME: | DATE REQUESTED: | | If no, date filed: |
|---|---|---|---|---|
| | | | Food Benefits [select one] | |
| CASE MANAGER NAME: | # CLIENTS SHARING | EXPENSE MONTH: | SEC 8 HUD [select one] | |
| | | | Utility Subsidies [select one] | |

*For DDA Use Only:*  ☐ RM Verification of Pre-approval   ☐ ETP Pre-approved by RMA

### BASIC EXPENSES

| | | Actual Amount Spent |
|---|---|---|
| 1 | Rent | $0.00 |
| 2 | Power | $0.00 |
| 3 | Garbage | $0.00 |
| 4 | Water/Sewer | $0.00 |
| 5 | Cable/phone/internet/streaming | $0.00 |
| 6 | **Subtotal Basic Expenses/Total for housemate allowance** | $0.00 |

### ADDITIONAL EXPENSES

| | | Actual Amount Spent |
|---|---|---|
| 7 | Rental Expenses (Utility deposit, renters insurance, lawn care - please specify): | $0.00 |
| 8 | Public Transportation (bus pass) | $0.00 |
| 9 | Spending money ($100.00 max) | $0.00 |
| 10 | Food (total cost minus food stamps (a - b below) | $0.00 |
| | a  Food cost  (Receipts may be requested)          $0.00 | |
| | b. Food benefits          $0.00 | |
| 11 | Personal care  &/or cleaning supplies (max $40, receipts may be requested) | $0.00 |
| 12 | Medical Expenses | $0.00 |
| 13 | Other (including one-time expense - specify as per instructions) **Requires pre approval from the Resource Manager, or if over $500 approval from RMA or designee. List below:** | $0.00 |
| 14 | **Subtotal Additional Expenses** | $0.00 |

### INCOME AND RESOURCES

Sources (SSI, SSA, back payments, wages, bank accounts, gift cards etc.)

| | | |
|---|---|---|
| 15 | Income amount | $0.00 |
| 16 | Income amount | $0.00 |
| 17 | Income amount | $0.00 |
| 18 | Resources | $0.00 |
| 19 | Total Income & Resources | $0.00 |
| 20 | Expenses (Line 6+14) | $0.00 |
| 21 | Funds available (Line 19) | $0.00 |
| 22 | Needed amount | $0.00 |

**COMMENTS:**

| PROVIDER STAFF COMPLETING FORM: | DATE: | CONTACT PHONE NUMBER: |
|---|---|---|
| | | |

### PAYMENT AND AUTHORIZATION

| RECEIPTS RECEIVED BY DDA:   ☐ YES   ☐ NO | **FUNDING SOURCE      AMOUNT** |
|---|---|
| ETR (WAC 388-845-0115) Waiver/State Confirmed:   ☐ | SSP  SA611          $ |
| ETR (WAC 388-827-0100) SSP Confirmed:   ☐ | STATE  SA615          $ |
| ETR NA-State Only  OR RCL Client:   ☐ | RM REVIEWING & AUTHORIZING PAYMENT:          DATE: |
| ETP (Policy 6.11) over policy limit   ☐ | |

# RESIDENTIAL ALLOWANCE REQUEST/ INSUFFICIENT INCOME INSTRUCTIONS

**For all RARs, provider must submit the final formation of expenditures to the RM
within 90 days of the end of the service month the RAR was utilized. (Refer to DDA Policy 6.11)**

## Pre-approval Process

\*Provider emails the RM for pre-approval with the following:

    **a.** Estimated amount per month of client's total income and expenses for the time period requested;

    **c.** Estimated amount client will need per month based on information provided above; and

    **d.** A list of items in the "Other" category (Line 12).

\*For amounts over $3000 or for items over $500 in "Other", RM must review the ETP request with RMA/Designee.

\*RMA/Designee approves the purchases via email.

\*RM emails provider within 10 business days after clarification of any questions.

\*RM's decision must include pre-approval length, monthly amount, and approved one-time costs.

    *Note: A recently approved Residential Allowance Request (RAR) amount may be used in lieu of a-c above.*

## Identifying Information

\*Provider completes this section and makes note in comments for any live-in staff or agency shared costs.

\*RM verfies the agreed upon pre-approved amount and timeframe entered by provider and checks the box.

## Basic and Additional Expenses

\*Provider enters the individual's share of these expenses.

\*Providers should explore most economical combination of services needed.

\*Provider must discuss items under other expenses with RM prior to purchase.

    *Example: Stamps, checkbooks, clothing, portable air conditioners, air scrubbers, generators, etc.*

## Income and Resources

\*Provider lists all sources of income and benefits.

\*If SSI income is below the standard, a written explanation must be included.

    *Example: payback, waiting for benefit to start, etc.*

\*Do not include min. balance required by some banks, accounts or burial plans if funds are not accessible.

\*Comments section can be utilized by both provider submitting and RM reviewing.

\*Provider signs and submits the RAR form to RM with documentation as requested.

## Payment and Authorization

\*RM indicates pre-approval and ETP pre-approval received by checking appropriate boxes.

\*RM reviews and verifies pre-approved amount, time-frame of pre-approval, and any applicable receipts.

\*If over policy limits, RM submits an ETP in CARE to RMA/Designee.

\*RM authorizes payment, indicates payment source and amount paid, then returns the RAR form to provider.

    *Note: The RM must process an authorization for the amount approved
no more than 15 calendar days after receiving the RAR form and receipts from the provider.*

## ETR for use of state only funds (WAC 388-845-0115)

\*CM submits the ETR in CARE, including the required language in the PCSP and assessment.

\*RM confirms that the ETR has been submitted and checks the box on the form.

\*RM enters the amount authorized under appropriate funding source and indicates the date authorized.

    *Note: An ETR is required when using state-only funds for an individual on the waiver.
This ETR does not apply to those receiving residential services through RCL or state-only funding.*

## ETR for use of SSP funds (WAC 388-827-0100)

\*RM must verify with HQ SSP PM or designee that an ETR will be submitted to use SSP.

\*CM verfies client eligibility for SSP, submits ETR in CARE, and includes the requied language in the PCSP.

\*RM confirms that the ETR has been submitted and checks the box on the form.

\*RM enters the amount authorized under appropriate funding source and indicates the date authorized.

    *Note: SSP funds are subject to available funding.*