

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]	
RM VERIFICATION OF PRE APPROVAL: <input type="checkbox"/>					
A. 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
B. 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 (\$70.00 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 products &/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
C. INCOME AND RESOURCES					
15	Income amount	\$0.00	Sources (SSI, SSA, back payments, wages, bank accounts, gift cards etc.)		
16	Income amount	\$0.00			
17	Income amount	\$0.00			
18	Resources:	\$0.00			
19	Total Income & Resources (Lines 17 + 18)	\$0.00			
D. REQUESTED AND AUTHORIZED AMOUNT					
20	Expenses (Line 6 & 13)	\$0.00	COMMENTS:		
21	Funds available (Line 19)	\$0.00			
22	Needed amount	\$0.00			
SIGNATURES					
SERVICE PROVIDER COMPLETING (type):		DATE:	RMA/DESIGNEE'S SIGNATURE:		DATE:
RM ENDORSEMENT:		DATE:			
FOR DDA USE ONLY			FUNDING SOURCE	AMOUNT	
ETR (WAC 388-845-0115) Waiver/State Confirmed: <input type="checkbox"/>			SSP SA611	\$ _____	
ETR (WAC 388-827-0100) SSP Confirmed: <input type="checkbox"/>			STATE SA615	\$ _____	
ETR NA-State Only OR RCL Client: <input type="checkbox"/>			RM REVIEWING & AUTHORIZING PAYMENT: DATE: _____		
ETP(Policy 6.11) over policy limit <input type="checkbox"/>					
RECEIPTS RECEIVED BY DDA: <input type="checkbox"/> YES <input type="checkbox"/> NO					

RESIDENTIAL ALLOWANCE REQUEST/ INSUFFICIENT INCOME INSTRUCTIONS

Insufficient Income Allowance - Pre-approval Process

The service provider must make a request in writing to the RM for pre-approval of the estimated amount the client needs. The request for pre-approval must include the following:

- a. Estimated amount per month of clients total income for the time period requested.
- b. Estimated amount per month of clients total expenses for the time period requested.
- c. A list of items in the "Other" category (Line 12).
- d. Estimated amount client will need per month based on information provided in a-c above

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

Service Provider may request preapproval for up to 12 months.

The RM responds in writing with the preapproved amount.

Identifying Information Section

- **Client Name:** Client on whose behalf the request is being made.
- **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.
- **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, there must be a note in the comment box.
- **Expense Month:** Note the month and year of the expenses.
- **RM verification:** RM checks the box to verify the agreed upon pre-approved amount and time frame entered by service provider.

A. Basic Expenses Section

1. **Rent:** Enter the individual's share of the rent.
- 2-4. **Power, Garbage and Water/sewer:** Enter the individual's share of the power, garbage and water/sewer on each line.
5. **Basic Cable/phone/internet/streaming:** Enter total of all cable, phone, internet or streaming services. This option is intended to give clients the flexibility of choosing the most economical combination of these services not to purchase all of these services. Discuss these amounts with your RM before increasing this cost.
6. **Subtotal Basic Expenses:** Formula driven - automatically populates.

B. Additional Expenses Section

7. **Rental Expenses:** may include deposit and if included in lease, renters insurance or lawn care
8. **Public Transportation:** Monthly passes for public transportation. List any funds spent by client on public transportation. Rate assessment should indicate use of public transportation .
9. **Spending Money:** Maximum amount allowed is \$70.
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 \$40. Receipts may be requested.
12. **Medical Expenses:**
13. **Other:** This category is for one time expenses or any expense not covered by other sections of the form, such as stamps, checkbooks, clothing, etc. If more than one item, list the cost of each item in the comments section and put the total in the column. **All** items in this category require that the provider contact their RM to discuss needed items prior to purchase.
14. **Subtotal Additional Expenses:** Formula driven - automatically populates.

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

15-17. **Income:** Enter the monthly amount and indicate the source on the lines provided. If the SSI income is below the standard a written explanation must be included: payback, waiting for benefit to start, etc. (If you don't have enough room, use the comment box below).

18. **Resources:** This includes the balance in any account that is available to the individual. This does not include a minimum balance required by a bank, some trust accounts or burial plans if the funds are not accessible . If leaving this line as \$0.00, make a comment why.

19. **Total Income and Resource:** Formula driven - automatically populates.

D. Requested and Authorized Amount Section

20-22. **Expenses, Funds Available, Needed Amount:** Formula driven – automatically populates

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

Signatures Section

Service Provider Completing This Form: Service Provider types their name and date.

Resource Manager Endorsement: After reviewing, verifying the preapproved amount, time frame of pre-approval, and indicating recommendation to approve or deny in the comments section, RM signs and dates the form. 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 indicates payment source, amount paid and returns form to provider so provider has form available for business/accounting purposes.

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.

CM is responsible for submitting the ETR in CARE, and including the required language in the PCSP and assessment.

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. This also does not apply to provider shelter expense.

RM enters the amount authorized in the appropriate funding source and indicates the date authorized. Provider shelter expense is only used for state only funded housemate vacancy provider only payments.

ETR for use of SSP funds (WAC 388-827-0100): SSP funds are subject to available funding.

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

CM is responsible for verifying client eligibility for SSP, submitting the ETR in CARE, and including the required language in the PCSP.

RM will confirm that the ETR has been submitted and check the box on the form.

RM enters the amount authorized in the appropriate funding source and indicates the date authorized. Use provider shelter expense for state only housemate vacancy.

ETP Approval for RAR requests that exceed \$2000.00: Refer to Policy 6.11

RM will submit ETP in CARE to RMA/Designee.