

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Residential Allowance Request / Start Up Costs

SECTION 1: IDENTIFYING INFORMATION **DATE REQUESTED:**

CLIENT NAME:	PROVIDER NAME:	CASE MANAGER NAME:
NUMBER OF HOUSEMATES:		RESOURCE MANAGER NAME:

SECTION 2: PROVIDER REQUEST FOR START UP

Column 1	Est. Cost	Column 2	Est. cost	Column 3	Est. Cost
Housing application fee	\$0	Bath towels (hand, face, bath, mat)	\$0	Pro-rated rent for move in	\$0
Rental security deposit	\$0	Shower curtain, toilet brush, plunger	\$0	Food staples (flour, sugar, oil, seasonings)	\$0
Utility deposits	\$0	Kitchen towels, sponges, veg brush	\$0	Air conditioner / generator	\$0
Moving expenses	\$0	Mop and bucket, broom, Swiffer	\$0	Basic cable installation / service	\$0
Telephone hook-up charge	\$0	Hamper, laundry baskets, laundry soap	\$0	Recreational items	\$0
Health and safety (1st aid kit, fire extinguisher, emergency kit)	\$0	Bedding (mattress cover, sheets, blanket, comforter, pillow)	\$0		\$0
Dishes, glasses, silverware	\$0	Alarm clock, hangers, lamps	\$0		\$0
Essential furnishings (bed, dresser, lamp)	\$0	Window coverings	\$0		\$0
Essential furnishing (couch, chair, lamp, end tables)	\$0	Microwave	\$0		\$0
Essential furnishings (dinning table, chairs)	\$0	Cleaning supplies (clorox wipes, windex, garbage cans)	\$0		\$0
Sharp kitchen knives, peeler	\$0	Vacuum cleaner	\$0		\$0
Set of pots/pans, skillet, toaster	\$0	Lawn/snow equipment	\$0		\$0
Mixing bowls, measuring cups and spoons	\$0	Yard supplies (hose, sprinklers, shovel)	\$0		\$0
Cooking utensils (spatulas, scraper, etc)	\$0	Washer / dryer	\$0		\$0
Dish holder and mat, dish soap	\$0			Sub-Total (3rd column)	\$0
		Sub-Total (1st and 2nd column)	\$0	Total	\$0

ESTIMATE AMOUNT CLIENT WILL CONTRIBUTE: \$ _____ NAME OF PERSON COMPLETING REQUEST: _____ DATE: _____ CONTACT PHONE NUMBER: _____	PROVIDER JUSTIFICATION (FOR ITEMS IN COLUMN 3): _____ _____ _____
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SECTION 3: DDA PREAPPROVAL FOR DDA USE ONLY **DATE:**

RM preapproval:	PRE- APPROVED AMOUNT:	\$ _____		
COMMENTS:	REVISED AMOUNT (if applicable):	\$ _____		
	DDA ETP (over \$2000.00) <input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION 4: PROVIDER COST SUBMITTED FOR REIMBURSEMENT (to be competed by the Service Provider)

AMOUNT CLIENT OR OTHERS CONTRIBUTED: \$ _____	REQUESTED AMOUNT: (Enter total and attach copy of receipts) \$ _____
NAME OF PERSON SUBMITTING FINAL INFO: _____ DATE: _____	CONTACT PHONE NUMBER: _____

SECTION 5: APPROVAL AND PAYMENT

RECEIPTS RECEIVED BY DDA: <input type="checkbox"/> YES <input type="checkbox"/> NO COMMENTS: _____ _____ _____	RMA/DESIGNEE APPROVAL SIGNATURE: _____ DATE: _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">FUNDING SOURCE</th> <th style="width: 40%;">AUTHORIZED AMOUNT</th> </tr> </thead> <tbody> <tr> <td>RCL SA616</td> <td>\$ _____</td> </tr> <tr> <td>WAIVER SA616</td> <td>\$ _____</td> </tr> <tr> <td>SSP SA611</td> <td>\$ _____</td> </tr> <tr> <td>STATE SA615</td> <td>\$ _____</td> </tr> </tbody> </table>	FUNDING SOURCE	AUTHORIZED AMOUNT	RCL SA616	\$ _____	WAIVER SA616	\$ _____	SSP SA611	\$ _____	STATE SA615	\$ _____
FUNDING SOURCE	AUTHORIZED AMOUNT										
RCL SA616	\$ _____										
WAIVER SA616	\$ _____										
SSP SA611	\$ _____										
STATE SA615	\$ _____										
ETR (WAC 388-845-0115) Waiver/State Confirmed: <input type="checkbox"/>	STATE SA615										
ETR (WAC 388-827-0100) SSP Confirmed: <input type="checkbox"/>	RM AUTHORIZING PAYMENT: _____ DATE: _____										
ETR NA-State Only OR RCL client: <input type="checkbox"/>											