## IDENTIFYING INFORMATION

<table>
<thead>
<tr>
<th>PROVIDER NAME:</th>
<th>EXPENSE MONTH:</th>
<th>DATE REQUESTED:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDER NUMBER:</th>
<th>RESOURCE MANAGER NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## HOUSEHOLD INFORMATION

<table>
<thead>
<tr>
<th>Household 1</th>
<th>Household 2</th>
<th>Household 3</th>
<th>Household 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Street Address & City**:
- **Reference/common name for location**:  
- **# of vacancies**:
- **Vacancy since**:

## PRE-APPROVAL Month/Year

- **From**:
- **To**:

## SHELTER EXPENSES

<table>
<thead>
<tr>
<th>Household 1</th>
<th>Household 2</th>
<th>Household 3</th>
<th>Household 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Rent**
2. **Power**
3. **Garbage**
4. **Water/Sewer**
5. **Cable/phone/internet/streaming**
6. **Yard service (if required by lease)**
7. **Other (Requires pre approval - List in Comments section)**

<table>
<thead>
<tr>
<th>Sum of Shelter Expense per Address</th>
<th>$0.00</th>
<th>$0.00</th>
<th>$0.00</th>
<th>$0.00</th>
</tr>
</thead>
</table>

**Total Shelter Expense Requested**:  

**$0.00**

**PROVIDER COMMENTS**:

## SIGNATURES

<table>
<thead>
<tr>
<th>PROVIDER STAFF COMPLETING FORM (type):</th>
<th>DATE:</th>
<th>RM ENDORSEMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDER STAFF PHONE NUMBER:</th>
<th>RM SUPERVISOR APPROVAL:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FOR DDA USE ONLY**

**DDA COMMENTS**:  

## REQUESTED AND AUTHORIZED AMOUNT

<table>
<thead>
<tr>
<th>Total Shelter Expenses Requested</th>
<th>$0.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Shelter Expenses Paid per Household</th>
<th>Household 1</th>
<th>Household 2</th>
<th>Household 3</th>
<th>Household 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Shelter Expenses Paid</th>
<th>$0.00</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RM REVIEWING &amp; AUTHORIZING PAYMENT</th>
<th>DATE SIGNED:</th>
<th>CARE Service Line</th>
<th>Date used for Authorization:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IDENTIFYING INFORMATION
Provider Name: Enter provider name
Provider Number: Enter agency provider P1 ID number
Expense Month: Enter the month for which the provider is requesting the reimbursement
Date Requested: Enter the date provider is sending the request to the Resource Manager (RM)
Resource Manager: Enter the provider’s assigned RM’s name

HOUSEHOLD INFORMATION
This form allows a provider to enter information for up to four households/addresses at a time.
For each address enter the following:
1. Property street address, apartment number and city
2. Provider’s reference (common) name for the address
3. Number or vacancies for the address (1 to 3) for a livable room, a true vacancy for which the provider
   is actively reviewing referrals
4. The date a vacancy first started

PRE-APPROVAL
From/To lines: Enter the month/year pre-approval was first obtained and the month/year of
pre-approval expiration for each address.
*Pre-approval for

SHELTER EXPENSES
1. For each address/household, provider must enter the shelter expense they are requesting DDA to
   pay for, including:
   - rent, power, water/sewer, cable/phone/internet/streaming, yard service or other
   *Other shelter expenses require additional conversation and approval from provider’s RM.
2. List out other shelter expenses in the "Provider Comments" section and the date pre-approval
   was obtained from the RM.
3. Sum of all shelter expense for address (the spreadsheet will auto-calculate)
   If the total expense for a given address goes above $2000, the RM will need to obtain
   an exception to policy prior to approving and paying on the expense.
4. Total Shelter Expense Requested: This line auto sums shelter expenses for all 4 addresses.

PROVIDER COMMENTS
This section allows the provider to enter shelter expenses that require a pre-approval, info about
live-in staff, agency shared costs, or other information the provider feel is important for
the RM to know about the request.

SIGNATURES
1. Provider Staff Completing Form: Enter the name of the person filling out the from and
   the date the form was filled out
2. Provider Staff Phone Number: Enter the phone number the RM would call for follow-up questions
3. RM Endorsement: RM endorses the expense and forwards to RM Supervisor (RMS) for approval
4. Supervisor Approval: RMS reviews the RAR request, and approves for payment. The RMS will
   forward the RAR request to the RMA or Designee when a household exceeds $2000.
5. RMA/Designee ETP approval (over $2000) is signed by the RMA or Designee when a
   address/household expense exceeds $2000.

FOR DDA USE ONLY
DDA Comments: RM can use this spot to enter comments about the request, such as items requested in
"Other" or items that were not approved.

REQUESTED AND AUTHORIZED AMOUNT
Total Shelter Expense Requested: auto populates the sum of all 4 households
Shelter Expenses Paid per Household: The amount RM actually paid for each household, which could be different
than the amount requested for each household.
Total Shelter Expenses Paid: The total amount RM authorized in ProviderOne, which could be different then the
total amount requested.
RM Reviewing and Authorizing Payment: The RM that authorizes payment, signs and dates the request.
   SOLA payment code SA611; Contract Providers payment code (SA640)
CARE Service Line: RM enters the service line number for the authorization from CARE
Date used for Authorization: RM enters the date range of authorization, which could be different than
the date the RM is processing the request.