

Residential Allowance Request - SHELTER EXPENSE

IDENTIFYING INFORMATION				
PROVIDER NAME:	EXPENSE MONTH:		DATE REQUESTED:	
PROVIDER NUMBER:	RESOURCE MANAGER NAME:			
HOUSEHOLD INFORMATION				
	Household 1	Household 2	Household 3	Household 4
Street Address & City				
Reference/common name for location				
# of vacancies				
Vacancy since				
PRE-APPROVAL Month/Year				
From				
To				
SHELTER EXPENSES	Household 1	Household 2	Household 3	Household 4
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)				
8 Sum of Shelter Expense per Address	\$0.00	\$0.00	\$0.00	\$0.00
Total Shelter Expense Requested:	\$0.00			
PROVIDER COMMENTS:				
SIGNATURES				DATE:
PROVIDER STAFF COMPLETING FORM (type):	DATE:	RM ENDORSEMENT:		
PROVIDER STAFF PHONE NUMBER:	RM SUPERVISOR APPROVAL:			
		RMA/DESIGNEE ETP (over \$2000):		
FOR DDA USE ONLY				
DDA COMMENTS:				
REQUESTED AND AUTHORIZED AMOUNT				
Total Shelter Expenses Requested	\$0.00			
Shelter Expenses Paid per Household	\$0.00	\$0.00	\$0.00	\$0.00
Total Shelter Expenses Paid	\$0.00			
RM REVIEWING & AUTHORIZING PAYMENT	DATE SIGNED:	CARE Service Line	Date used for Authorization:	

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 form 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.