

### DEVELOPMENTAL DISABILITIES ADMINISTRATION

# **Residential Allowance Request - SHELTER EXPENSE**

IDENTIFYING INFORMATION .				
PROVIDER NAME:	EXPENSE MONTH:		RESOURCE MANAGER NAME:	
For DDA Use Only  RM Verification of Pre-approval	HOUSEHOLD INFORMATION			
ETP Pre-approved by RMA	Household 1	Household 2	Household 3	Household 4
Street Address & City				
Reference/common name for location				
# of vacancies				
Vacancy since				
,	MONTH / YEAR (PRE-APPROVED)			
From		MONTH? I LAIC	TRE-AITROVED)	
То				
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:				
PROVIDER STAFF COMPLETING FORM:	DATE:	CONTACT PHONE NUMBER:		
PAYMENT AND AUTHORIZATION				
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:		Date used for Authorization:

DSHS 06-125 (REV. 11/2023)

COPIES TO: CM, Provider, and Resource File

#### RESIDENTIAL ALLOWANCE REQUEST / SHELTER EXPENSE

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 may request pre-approval of shelter expenses for up to six months from the RM via email.

\*For amounts over \$3000, RM must review the ETP request with RMA/Designee.

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

\*RM's pre-approval decision must include length and monthly amount.

## **Identifying Information**

\*Provider completes this section.

#### **Household Information**

\*Provider enters information for up to four households/addresses, including pre-approved month/year.

\*Provider should note true vacancies for which they are actively reviewing referrals.

## **Shelter Expenses**

\*Provider enters requested amounts for each address/household.

\*Other shelter expenses require pre-approval from RM and must be noted in "Provider Comments."

\*Provider pays expenses as pre-approved.

\*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.

\*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.