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|   |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Staff Add-on Request for Client Specific Need** |
| PROVIDER NAME | PROVIDER NUMBER | URBAN DESIGNATION | DATE |
| **Client Specific Add-On** |
| CLIENT NAME | START DATE | ESTIMATED END DATE (MAX: 90 DAYS FROM START DATE) |
| TOTAL HOURS REQUESTED (FOR FIRST MONTH) | TOTAL HOURS REQUESTED (FOR SECOND MONTH, IF APPLICABLE) | TOTAL HOURS REQUESTED (FOR THIRD MONTH, IF APPLICABLE) |
| REASON / JUSTIFICATION FOR REQUEST: Provide an explanation of the circumstances requiring the need for additional staff and the anticipated length of the need, including an explanation of how the amount was determined (i.e. hours per day or do the hours vary depending on the day, weekends vs. weekdays). |
| **Request must be submitted and approved by DDA prior to vendor providing additional staffing.**Emergency: [ ]  Yes [ ]  NoDDA Resource approval by: ; Date: Type: Comments:  |
| PROVIDER SUBMITTING | DATE |
| **Completed by DDA Resource Manager (RM)** |
| TOTAL HOURS APPROVED | FUNDING SOURCE | SERVICE CODE ([SERVICE CODE DATA SHEETS](https://intra.dda.dshs.wa.gov/ddd/P1ServiceCodes/)) |
| COMMENTS |
| SERVICE MONTH AND YEAR | AUTHORIZED HOURS | RATE (FOR CURRENT RATES, GO TO [DDA RATES (WA.GOV)](https://www.dshs.wa.gov/ALTSA/management-services-division/office-rates-management/) | TOTAL |
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| RM REVIEWING | DATE |
| RM SUPERVISOR’S SIGNATURE | DATE |
| **[ ]**  Approve **[ ]**  Deny **[ ]**  Approve with Changes |
| COMMENTS |
| AMOUNT AUTHORIZED | DATE AUTHORIZED | RM INITIALS |