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| STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  *Developmental Disabilities Administration (DDA)*  **Provider-Owned Housing Memorandum of Understanding**  **Residential Provider Attestation**  Per DDA Policy 4.02, a Supported Living (SL) provider agency, administrator, board member, or owner who own homes that are rented by the clients they serve must submit a written Exception to Policy (ETP) which must be signed by the deputy assistant secretary or designee.  Concurrent with this ETP, there must be a signed Provider Owned Housing Memorandum of Understanding by each tenant and/or representative about their rights while living in a provider-owned home and receiving residential supports from that provider.  Home Address: ­­­­­­­­­­­­­­­  This home is owned by:  Residential Supports are provided by:  I have reviewed and agree with the statements below:   * I am aware that the home rented by the stated individuals served by my agency falls within the definition of provider-owned housing per the DDA Policy 4.02 and meets the conditions for provider-owned settings listed in 42 CFR 441.301(c)(4)(vi). * Clients served by my agency have choice of homes that they may rent. * Clients have the right, at any time, to request to move to another home owned by the provider and continue to receive SL services with the provider within their scope of service delivery. * Clients have the right to stay in their home even when no longer receiving services from the owner of the home. Any eviction considered must follow landlord-tenant laws. | |
| **I,** **, agency administration, agree to the above statements.** | |
| AGENCY ADMINISTRATOR’S SIGNATURE DATE | |
| DDA RESOURCE MANAGER’S SIGNATURE DATE | DDA RESOURCE MANAGER’S PRINTED NAME |