Washington State
Department of Social
& Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Residential Allowance Request — Start-Up Costs

SECTION 1: IDENTIFYING INFORMATION

CLIENT NAME: ☐ RCL

PROVIDER NAME:

DATE REQUESTED:

NEW HOUSEHOLD ☐
EXISTING HOUSEHOLD ☐

RESOURCE MANAGER NAME:

SECTION 2: PROVIDER REQUEST FOR START UP

Column 1	Est. Cost	Details	Column 2	Est. cost	Details
Housing application fee	$0		Vacuum cleaner, carpet cleaner	$0	
Rental security deposit	$0		Mop and bucket, broom, Swiffer	$0	
Utility set up and deposits	$0		Hamper, laundry baskets, laundry soap	$0	
Pro-rated rent for move in	$0		bedroom furnishing (bed dresser, night stand, lamp)	$0	
Moving expenses	$0		Bedroom essentials (bedding, mattress cover, pillows, comforter alarm clock)	$0	
Health and safety (1st aid kit, fire extinguisher, emergency kit)	$0		Window coverings	$0	
Living room furnishings (couch, chair, end tables)	$0		Cleaning supplies (Clorox wipes, Windex, garbage cans)	$0	
Cooking (pots, pans, sharp knives, peeler, veggie brush)	$0		Washer / dryer	$0	
Cooking (mixing bowls, utensils, scraper, measuring cups and spoons)	$0		Lawn/snow equipment	$0	
Kitchen appliances (microwave, toaster, coffee maker)	$0		Yard supplies (hose, sprinklers, shovel)	$0	
Kitchen basics (dishes, glasses, towels, dish holder and mat, dish soap)	$0		**Other**		
Living room essentials (décor, lamps)	$0			$0	
Kitchen table and chairs	$0			$0	
Food staples	$0			$0	
Bath towels (hand, face, bath, mat)	$0			$0	
Shower curtain, toilet brush, plunger	$0			$0	
			Total	**$0**	

ESTIMATE AMOUNT CLIENT WILL CONTRIBUTE
(not needed for RCL):

PROVIDER JUSTIFICATION (FOR OTHER ITEMS):

NAME OF PERSON COMPLETING REQUEST: DATE:

CONTACT PHONE NUMBER:

SECTION 3: DDA PREAPPROVAL *(for DDA use only)*   DATE:

RM PRE-APPROVAL: DATE:

PRE- APPROVED AMOUNT: **$0.00**

COMMENTS:

REVISED AMOUNT (if applicable): $0.00

RMA/DESIGNEE PRE-APPROVAL SIGNATURE: DATE:

SECTION 4: PROVIDER COST SUBMITTED FOR REIMBURSEMENT *(to be competed by the provider)*

AMOUNT **CLIENT** OR OTHERS CONTRIBUTED:

REQUESTED AMOUNT: (Enter total and attach copy of receipts)
$0.00

SECTION 5: APPROVAL AND PAYMENT

COMMENTS:

FUNDING	AUTHORIZED AMOUNT
RCL SA616	$0.00
WAIVER SA616	$0.00
SSP SA611	$0.00
STATE SA615	$0.00

ETR (WAC 388-845-0115) Waiver/State Confirmed: ☐
ETR (WAC 388-827-0100) SSP Confirmed: ☐
ETR NA-State Only OR RCL client: ☐
ETP (Policy 6.11) over policy limit ☐

RM AUTHORIZING PAYMENT: DATE:

RESIDENTIAL ALLOWANCE REQUEST / START UP INSTRUCTIONS

**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)**

Section 1 -- Identifying Information

*Provider completes this section.
*Check RCL box if applicable.
*Check New/Existing Household box.

*Note: For all types of RARs, the 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. (Policy 6.11 Processing Requests)*

Section 2 -- Provider Request for Start-up

*Provider estimates costs under specified categories or under "Other" for unique requests.
*Provider must include any rent and deposit amounts pre-approved as below.
*Provider submits the RAR form to RM for pre-approval.
*If seeking timely pre-approval for rents and deposits, the provider discusses the expected amount with RM.

Section 3 -- Pre-approval

Pre-approval for rent and deposits

*RM reviews provider request via email.
*For amounts over $5000, RM reviews request with the RMA/Designee.
*RM replies to provider by the next business day after initial discussion.
*RM documents and dates the conversation(s) in comments box.

Pre-approval for all other expenditures

*For amounts over $2000 for other necessary expenditures, RM reviews request with RMA/Designee.
*RMA/Designee approves the purchases on the RAR form and returns the form to RM.
*RM returns the RAR form to provider within 10 business days after clarification of any questions.

Section 4 -- Provider Cost Submitted for Reimbursement

*Provider purchases items and indicates on the RAR form amounts contributed by the client and requested.
*Provider resubmits the RAR form with copies of receipts to RM.

Section 5 -- Approval and Payment

*RM reviews the receipts to make sure they reasonably reflect the items/amounts requested.
*If over policy limits, RM submits an ETP in CARE to RMA/Designee.
*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.*

ETR for use of state only funds (WAC 388-845-0115)

*CM submits the ETR in CARE, including the required language in the PCSP and assessment.
*RM confirms that the ETR has been submitted and checks the box on the form.
*RM enters the amount authorized under appropriate funding source and indicates the date authorized.

*Note: An ETR is required when using state-only funds for an individual on the waiver.
This ETR does not apply to those receiving residential services through RCL or state-only funding.*

ETR for use of SSP funds (WAC 388-827-0100)

*RM must verify with HQ SSP PM or designee that an ETR will be submitted to use SSP.
*CM verfies client eligibility for SSP, submits ETR in CARE, and includes the requied language in the PCSP.
*RM will confirm that the ETR has been submitted and check the box on the form.
*RM enters the amount authorized under appropriate funding source and indicates the date authorized.

Note: SSP funds are subject to available funding.