

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Residential Allowance Request — Start-Up Costs

SECTION 1: IDENTIFYING INFORMATION

| | | |
|---|----------------|------------------------|
| CLIENT NAME: <input type="checkbox"/> RCL | PROVIDER NAME: | DATE REQUESTED: |
| NEW HOUSEHOLD <input type="checkbox"/> | | RESOURCE MANAGER NAME: |
| EXISTING HOUSEHOLD <input type="checkbox"/> | | |

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 needed for RCL): | (not | PROVIDER JUSTIFICATION (FOR OTHER ITEMS): |
| \$0.00 | | |
| 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 |

SECTION 4: PROVIDER COST SUBMITTED FOR REIMBURSEMENT *(to be completed by the Service Provider)*

| | |
|--|--|
| AMOUNT CLIENT OR OTHERS CONTRIBUTED: \$0.00 | REQUESTED AMOUNT: (Enter total and attach copy of receipts) \$0.00 |
|--|--|

SECTION 5: APPROVAL AND PAYMENT

| COMMENTS: _____ | RMA/DESIGNEE APPROVAL SIGNATURE: _____ DATE: _____ | | | | | | | | | | |
|---|--|-------------------|-------------------|-----------|--------|--------------|--------|-----------|--------|-------------|--------|
| | <table border="1" style="width: 100%;"> <thead> <tr> <th>FUNDING</th> <th>AUTHORIZED AMOUNT</th> </tr> </thead> <tbody> <tr> <td>RCL SA616</td> <td>\$0.00</td> </tr> <tr> <td>WAIVER SA616</td> <td>\$0.00</td> </tr> <tr> <td>SSP SA611</td> <td>\$0.00</td> </tr> <tr> <td>STATE SA615</td> <td>\$0.00</td> </tr> </tbody> </table> | FUNDING | AUTHORIZED AMOUNT | RCL SA616 | \$0.00 | WAIVER SA616 | \$0.00 | SSP SA611 | \$0.00 | STATE SA615 | \$0.00 |
| | 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: <input type="checkbox"/> | RM AUTHORIZING PAYMENT: _____ DATE: _____ | | | | | | | | | | |
| ETR (WAC 388-827-0100) SSP Confirmed: <input type="checkbox"/> | | | | | | | | | | | |
| ETR NA-State Only OR RCL client: <input type="checkbox"/> | | | | | | | | | | | |
| ETP (Policy 6.11) over policy limit <input type="checkbox"/> | | | | | | | | | | | |

RESIDENTIAL ALLOWANCE REQUEST/START UP INSTRUCTIONS:

Service Provider completes Section 1 and 2 and submits to DDA Resource Manager prior to purchase.

Section 1 Identifying information: complete client name, provider name, case manager name, resource manager name, and date requested. Check RCL box if applicable. Check New/Existing Household box.

Section 2 Provider request for start up: enter estimated cost to establish a basic living arrangement when moving into a new living arrangement. Funding is authorized based on services client qualifies for and identified client need.

*Note: The shaded "Other" section requires justification. Blank sections can be used for uncommon needs identified by provider.

*If client is able to contribute any funds for start up enter the estimated amount on the form.

Section 3 DDA preapproval: DDA RM reviews provider request.

If the request is not over \$2000 or over \$1000 for other necessary expenditures and does not have any items listed in the "Other" box, RM enters their name, amount and date of preapproval, then returns form to provider.

*If items are listed under "Other," RM reviews request with RMA/Designee and documents conversation in the comments box. RM then send form back to provider.

*If the request is over \$2000 or over \$1000 for any other necessary expenditures, the RM must request an ETP. Once ETP has been reviewed and approved by RMA/Designee, RM sends preapproval back to the agency to proceed with purchases.

*RM will make sure correct payment source ETR (if applicable) has been entered into CARE and documents the results

*If during the exchange of information the amount is higher than the original approved amount, the provider may request a revision from the RM via e-mail. The RM must evaluate the request and, if approved, document the change in the "Revised Amount" line and indicate the new \$ amount. If the new amount is now over \$2000 or over \$1000 for any other necessary expenditures, RM will need to request and ETP. Any additional revisions will need to be documented into the comments section.

Section 4 Provider cost submitted for reimbursement: Provider arranges for purchase of goods and services, completes Sect. 4 of the form and submits receipts, invoice, or other information to verify expense to RM.

*Note: For all types of RARs, the service 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)

*DDA will review the receipts and authorize up to the approved amount.

Section 5 DDA Approval and Payment: RM reviews the receipts to make sure they reasonably reflect the items requested and forwards RAR to RMA/Designee for Approval. RMA/Designee approves the purchases, and returns form to RM for payment. RM indicates payment source, amount paid, and returns form to provider so provider has form available for business/accounting purposes.

The RM must process an authorization for the amount approved no more than 15 calendar days after receiving the receipts from the service provider. (Policy 6.11 Residential Allowance Requests - Start-up Allowance)

ETR for use of state only funds (WAC 388-845-0115): An ETR is required when using state only funds for an individual on the waiver.

CM is responsible for submitting the ETR in CARE, and including the required language in the PCSP and assessment. RM will confirm that the ETR has been submitted and check the box on the form.

* NOTE: This ETR does not apply to those receiving residential services through RCL or state-only funding.

RM enters the amount authorized under appropriate funding source and indicates the date authorized.

ETR for use of SSP funds (WAC 388-827-0100): SSP funds are subject to available funding.

RM must verify with HQ SSP PM or designee that an ETR will be submitted to use SSP.

CM is responsible for verifying client eligibility for SSP, submitting the ETR in CARE, and including the required 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.

ETP Approval for RAR requests that exceed \$2000.00 or \$1000 for other necessary expenditures: Refer to Policy 6.11

RM will review ETP request with RMA/Designee, document and date the conversation in comments box and submit RAR form to HQ for approval. The HQ PM or designee will approve the ETP on the RAR form.