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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 | TOTAL HOURS REQUESTED |
| TOTAL HOURS REQUESTED (FOR SECOND MONTH, IF APPLICABLE) | OHS ONLY: TOTAL HOURS REQUESTED (FOR THIRD MONTH, IF APPLICABLE) | ESTIMATED ENDING DATE (MAXIMUM OF 60 DAYS (90 DAYS FOR CHILDREN’S RESIDENTIAL SERVICES) FROM START DATE) |
| 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 |
| HOURS | RATE (FOR CURRENT RATES, GO TO [DDA RATES (WA.GOV)](https://www.dshs.wa.gov/ALTSA/management-services-division/office-rates-management/) | TOTAL |
|  |  |  |
|  |  |  |
| OHS ONLY |  |  |
| RM REVIEWING | DATE |
| RM SUPERVISOR’S SIGNATURE | DATE |
| **[ ]**  Approve **[ ]**  Deny **[ ]**  Approve with Changes |
| COMMENTS |
| AMOUNT AUTHORIZED | DATE AUTHORIZED | RM INITIALS |