

**Developmental Disabilities Resource Board
Initial Start-Up Availability and Reimbursement Request
For ILA or ISL Recipient**

GENERAL INFORMATION:

Individual's Name: _____ Date of Contact with lead agency : _____
 Is this ISL or ILA? _____ Lead Agency: _____
 Date the individual is to move _____ List Roommate(s): _____
 Amount of start up funds available _____ Prior residence: _____
 DMH Service Coordinator: _____ Contract/Corporate Information Needed? _____
 Lead Agency contact regarding receipts: _____ Items to Send: Contract – Corp Info. - Policy
 Phone Number: _____
DDR B Representative: _____ **Date:** _____

START-UP ITEMS LIST:

DDR B Start-Up Items List: An itemized list must be completed for each individual. The list can be used as a tool to assist the person shopping. Items listed will be considered as owned by the individual for whom the list was compiled. Costs for items of short life or minimal value can be designated in thirds or halves on the list and ownership is not a critical issue. This is the one list that should be submitted, on behalf of this individual, for reimbursement. **Items eligible for reimbursement are restricted to the items listed below.**

For reimbursement: list the amount spent (per receipts) next to the line item. Receipts must be attached to this list document. All receipts must be submitted to the DDRB within 90 days of the earliest purchase/receipt date.

Housing/Moving Expenses	Indicate amount of receipt(s)	✓
Moving Fees		
1 st months rent and security deposit (one month only)		
Utility hookup fees		
Utility deposits		
1 st months grocery		
Appliances Items	Indicate amount of receipt(s)	
Coffee maker (1)		
Crock pot (1)		
Dryer (1)		
Iron, board and cover (1)		
Microwave and Stand (1)		
Mixer/blender (1)		
Refrigerator (1)		
T.V. (1)		
Telephone (1)		
Toaster (1)		
Vacuum (1)		
Washer (1)		
Portable Dishwasher		
Bathroom Items	Indicate amount of receipt	
Rug		
Scale (1)		
Shower rods/curtain/hooks		
Wastebasket		
Towels/face cloths		
Bedroom Items	Indicate amount of receipt	
Dresser (1)		
Mattress set/frame		
Night stand (1)		
Window treatment		
Bookcase		
Bed Linens		
Clothes Hamper		

Furniture Items	Indicate amount of receipt	✓
Couch (1)		
End table (1)		
Kitchen table (1) chairs (4)		
Lamps		
Recliner/chair (1)		
TV Table (1)		
Window treatments		
Rugs		
Kitchen Items	Indicate amount of receipt	
All utensils/cutlery		
Bakeware/cookware		
Can opener		
Canister set		
Dish towels/cloths		
Dinner ware/bowls		
Glasses/cups		
Misc. kitchen supplies		
Pots/pans skillets		
Storage containers		
Throw rugs		
General Items	Indicate amount of receipt	
Cleaning supplies		
Clock		
CO2 Detectors		
Fire extinguisher		
First Aid supplies		
Large trash cans		
Lawn mower		
Mop/bucket/broom/dust pan		
Shovel		
Smoke Detector		
Step stool		
Lockbox		
Emergency Radio		
Storage Containers		

TOTAL START UP FUNDS REQUESTED: \$ _____