# Developmental Disabilities Resource Board
# Initial Start-Up Availability and Reimbursement Request
# For Group Home Residency

**GENERAL INFORMATION:** **Date of Contact with lead agency :** _____

Individuals Name:_____ Lead Agency:_____
Is this for Group Home?_____ List Home: _____
Date the individual is to move:_____ Prior residence:_____
Amount of start up funds available:_____ Contract/Corporate Information Needed?_____
DMH Service Coordinator: _____ Items to Send: Contract – Corp Info. - Policy
Lead Agency contact for receipts:_____Phone Number:_____

**DDRB Representative:**_____**Date:**_____

**START-UP ITEMS LIST:**

DDRB 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 | | |
| 1st months rent and security deposit (one month only) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Bathroom Items** | **Indicate amount of receipt** | |
| Scale (1) | | |
| Wastebasket | | |
| Towels/Face Cloths | | |
| Rug | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Appliances** | **Indicate amount of receipt** | |
| T.V. (1) | | |
| Telephone (1) | | |
| | | |
| | | |
| | | |
| | | |

| **Furniture Items** | **Indicate amount of receipt** | ✓ |
|---|---|---|
| End Table (1) | | |
| Lamps | | |
| Recliner/Chair (1) | | |
| TV Table (1) | | |
| Window Treatments | | |
| | | |
| | | |
| **Bedroom Items** | **Indicate amount of receipt** | |
| Dresser (1) | | |
| Mattress set/frame | | |
| Night stand (1) | | |
| Window treatment | | |
| Bookcase | | |
| Bed linens | | |
| Rugs | | |
| Trash Can | | |
| Laundry Hamper | | |
| **General Items** | **Indicate amount of receipt** | |
| | | |
| Clock | | |
| Step Stool | | |
| Lockbox | | |
| Storage Containers | | |
| | | |

TOTAL START UP FUNDS REQUESTED: $_____