Developmental Disabilities Resource Board
Secondary 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. 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**	
Appliances	**Indicate amount of receipt**	
T.V. (1)		

Furniture Items	**Indicate amount of receipt**	✓
End Table (1)		
Lamps		
Recliner/Chair (1)		
TV Table (1)		
Window Treatments		
Rugs		
Bedroom Items	**Indicate amount of receipt**	
Dresser (1)		
Mattress set/frame		
Night stand (1)		
Window treatment		
Bookcase		
Bed linens		
General Items	**Indicate amount of receipt**	

TOTAL START UP FUNDS REQUESTED: $_____

Effective July 1, 2007