

Residential Start Up

In addition to agency funding, the DDRB also provides funding for several community programs. The following Residential Start Up policy provides valuable information as to the purpose, eligibility, and procedures for accessing those services.

Please note that the forms in this section include the watermark, "DO NOT SUBMIT". **These forms will require submission by the service provider, DDRB Case Manager or Regional Office Service Coordinator.**

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
Residential Start-Up/Furnishings Funding Policy

Policy Origination: September 8, 1994

Revision Effective: July 1, 2010

Start-Up Guiding Principles:

It is the intent of the DDRB to fund basic items to assist an individual with developmental disabilities to begin living in a home or apartment and to replace furnishings for individuals who have never accessed initial Start-Up/Furnishings Funds. The DDRB values families making sound and educated choices in meeting the needs and wants by utilizing resources in creative ways. The DDRB does not intend to supplant the support of the natural family, other natural supports, contributions or funding available from the Department of Mental Health. Individuals moving from a state habilitation center into the community are eligible for Department of Mental Health Start-Up funding and are ineligible for DDRB Start-Up/Furnishings funding. The DDRB reserves an annual amount of start-up/furnishings funds for residential providers to access throughout the year (depending on available funds).

The discussion of needs for a home should begin within the person-centered planning process. The lead agency is the coordinating agent who should encourage advance financial planning and saving by the individual and/or family to cover the costs in a new home. At all times possible the person who will be utilizing the purchased goods, should be assisting in the actual purchasing for the home.

Should an individual move out of the living arrangement, individually owned personal items and any items so designated as theirs, when purchased with DDRB funds, should remain with the person. In recognition of roommate changes necessitating moves, the lead agency is given a discretionary role to negotiate with the individuals over continued ownership of items. Items purchased with DDRB funds and no longer needed by the original individual(s)/home site will be, at the discretion of the DDRB, designated for alternate use by an individual(s) in St. Charles County.

The DDRB realizes that home furnishing wear out and individuals may have the desire to move after living in the community for several years. These larger household items and moving cost/security deposits usually are a financial hardship. Individuals are eligible for Secondary Start-Up/Furnishings Funds 7 years after the individual first accessed Start-Up/Furnishings Funds. Individuals can purchase items on the Secondary Start-Up/Furnishings List.

General Information:

- Individual(s) moving from a state habilitation center are ineligible for Start-Up/Furnishings Funds.
- An agency new to the DDRB (without a current signed DDRB contract) must submit to the DDRB a signed Start-Up Contractual Agreement and Corporate Information. The requirement for Corporate Information can be waived if the agency is a current vendor of residential services through the Department of Mental Health. These items must be received prior to the agency purchasing start-up/furnishings items and prior to DDRB releasing start-up/furnishings funds. The DDRB reserves the right to meet with the new agency prior to authorizing start-up/furnishings funding to learn about the organization and its services. A new agency will be informed of the location of the funding manual on the DDRB website.
- Agencies are strongly encouraged (but not required) to verify the availability of DDRB Start-Up/Furnishings funds for their customer. The agency is responsible for verification of the individual's fund balance.

- Agencies that do not receive ongoing operational funds are required to submit the individual's proof of eligibility with the reimbursement request.
- Individuals are eligible for Start-Up/Furnishings items based on their residential living situation. Individuals will either be eligible for items on the ISL/ILA list or the Group Home approved list.
- Individuals who are receiving ILA/ISL services and will be living with a roommate are eligible for up to \$2,500. Individuals who will be living alone are eligible for up to \$3,000. Individuals living in a group home are eligible for up to \$1,500. If the total eligible amount is not fully utilized, the remaining balance remains available for use at a later date. Requests are limited to the actual/direct cost of the item and cannot include allocation of indirect or administrative costs.
- Individuals who are accessing Secondary Start-Up/Furnishings Funds are eligible for an additional amount up to \$1,500. Any funds remaining from their first Start-Up/Furnishings approval will be added to the additional up to \$1,500. If the total eligible amount is not fully utilized, the remaining balance remains available for use at a later date.
- All items purchased and submitted for reimbursement must be listed on the DDRB Start-Up/Furnishings Availability and Reimbursement Request - items list section. The DDRB bidding requirements apply.
- Policies and forms must be given to staff or family members (parent/siblings) who may be coordinating the purchasing of items for the home.
- The DDRB reimburses the contracted lead agency for start-up/furnishings expenditures. All receipts must be submitted within one year of the date of the first purchase. Fiscal year deadlines are not applicable. If the total eligible amount is not fully utilized the remaining balance remains available for use at a later date.
- Payments are made within the current approved invoicing and payment cycle as authorized by the DDRB.

Procedures and required documentation for agencies:

Every lead agency requesting start-up/furnishings funding pursuant to this program is required to complete the following:

1. Agency contacts the DDRB to verify funding availability and need for contract/corporate information (The DDRB will verify initial contact by sending the Start-up contract/corporate information and funding manual, if necessary, and the Start-Up/Furnishings Availability and Reimbursement Request form.)
2. If new, agency completes and submits the Start-Up Contractual Agreement.
3. If new, agency completes and submits Corporate Information.
4. New agencies are not authorized to begin purchases until contract and Corporate Information is received and reviewed. DDRB staff will contact the agency with authorization to proceed.
5. The completed Start-Up/Furnishings items list (one per person): the lead agency is to designate which items go into the categories indicated (receipts to be attached). This list is part of the Start-Up/Furnishings Availability and Reimbursement Request form.
6. ALL Receipts: DDRB reimbursements are processed from actual purchase receipts. The Lead Agency is to submit all receipts. Receipts should be submitted one time for each individual. Due to the nature of purchasing and collecting receipts, prior fiscal year receipts may be paid in the current fiscal period. All receipts must be submitted within one year of the date of the first purchase.
7. The DDRB reimburses the lead agency.

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

GENERAL INFORMATION:

Date of Contact with lead agency : _____

Individual's Name: _____ Lead Agency: _____
 Is this ISL or ILA? _____ List Roommate(s): _____
 Date the individual is to move _____ Prior residence: _____
 Amount of start up funds available _____
 DMH/DDR B Case Manager _____
 Lead Agency contact regarding receipts: _____ Phone Number: _____
DDR B Administrative Representative: _____ **Date:** _____

START-UP/FURNISHINGS ITEMS LIST:

DDR B Start-Up/Furnishings 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 DDR B within one year of the earliest purchase/receipt date.

Housing/Moving Expenses	Indicate amount of receipt(s)	✓
Moving Fees		
1 st month's rent and security deposit (one month only)		
Utility hookup fees		
Utility deposits		
1 st months grocery		
Electronics	Indicate amount of receipt(s)	✓
T.V. – Limit \$500		
Antenna		
Converter Box		
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)		
Telephone (1)		
Toaster (1)		
Vacuum (1)		
Washer (1)		
Portable Dishwasher		
Bathroom Items	Indicate amount of receipt(s)	✓
Rug		
Scale (1)		
Shower rods/curtain/hooks		
Wastebasket		
Towels/face cloths		
Bedroom Items	Indicate amount of receipt(s)	✓
Dresser (1)		
Mattress set/frame		
Night stand (1)		
Window treatment		
Bookcase		
Bed Linens		
Clothes Hamper		

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

TOTAL FUNDS REQUESTED: \$ _____

Developmental Disabilities Resource Board
Secondary Start-Up/Furnishings Availability and Reimbursement Request
For ILA or ISL Recipient

GENERAL INFORMATION:

Date of Contact with lead agency : _____

Individual's Name: _____ Lead Agency: _____

Is this ISL or ILA? _____ List Roommate(s): _____

Date the individual is to move _____ Prior residence: _____

Amount of start up funds available _____

DMH/DDRB Case Manager: _____

Lead Agency contact regarding receipts: _____ Phone Number: _____

DDRB Administrative Representative: _____ Date: _____

START-UP/FURNISHINGS ITEMS LIST:

DDRB Start-Up/Furnishings 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 one year 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		
Electronics	Indicate amount of receipt(s)	✓
T.V. – Limit \$500		
Antenna		
Converter Box		
Appliances Items	Indicate amount of receipt(s)	✓
Dryer (1)		
Microwave and Stand (1)		
Refrigerator (1)		
Vacuum (1)		
Washer (1)		
Portable Dishwasher		
Bedroom Items	Indicate amount of receipt(s)	✓
Dresser (1)		
Mattress set/frame		
Night stand (1)		
Window treatment		
Bookcase		
Bed Linens		
Clothes Hamper		

Furniture Items	Indicate amount of receipt(s)	✓
Couch (1)		
Kitchen table (1)		
Chairs (4)		
Recliner/chair/Loveseat		
TV Table (1)		
Window treatments		
Bugs		
End table(s)		
Kitchen Items	Indicate amount of receipt(s)	✓
Bakeware/cookware		
Pots/pans skillets		
General Items	Indicate amount of receipt(s)	✓
Lawn mower		

TOTAL FUNDS REQUESTED: \$ _____

**Developmental Disabilities Resource Board
Initial Start-Up/Furnishings 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: _____
 DMH/DDR B Case Manager: _____
 Lead Agency contact for receipts: _____ Phone Number: _____

DDR B Administrative Representative: _____ **Date:** _____

START-UP/FURNISHINGS ITEMS LIST:

DDR B Start-Up/Furnishings 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 DDR B within one year of the earliest purchase/receipt date.

Housing/Moving Expenses	Indicate amount of receipt(s)	<input checked="" type="checkbox"/>
Moving Fees		
1 st months rent and security deposit (one month only)		
Electronics	Indicate amount of receipt(s)	<input checked="" type="checkbox"/>
T.V. – Limit \$500		
Antenna		
Converter Box		
Telephone (1)		
Bathroom Items	Indicate amount of receipt(s)	<input checked="" type="checkbox"/>
Scale (1)		
Wastebasket		
Towels/Face Cloths		
Rug		
General Items	Indicate amount of receipt(s)	<input checked="" type="checkbox"/>
Clock		
Step Stool		
Lockbox/Safe		
Storage Containers		

Bedroom Items	Indicate amount of receipt(s)	<input checked="" type="checkbox"/>
Dresser (1)		
Matress set/frame		
Night stand (1)		
Window treatment		
Bookcase		
Bed linens		
Rugs		
Trash Can		
Laundry Hamper		
End Table (1)		
Window Treatments		
Recliner/Chair (1)		
TV Table (1)		
Lamps		

TOTAL FUNDS REQUESTED: \$ _____

**Developmental Disabilities Resource Board
Secondary Start-Up/Furnishings 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: _____

DMH/DDR B Case Manager: _____

Lead Agency contact for receipts: _____ Phone Number: _____

DDR B Administrative Representative: _____ **Date:** _____

START-UP/FURNISHINGS ITEMS LIST:

DDR B Start-Up/Furnishings 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 DDR B within one year of the earliest purchase/receipt date.

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

Housing/Moving Expenses	Indicate amount of receipt(s)	✓
Moving Fees		
1 st months rent and security deposit (one month only)		
Electronics		✓
T.V. – Limit \$500		
Antenna		
Converter Box		

TOTAL FUNDS REQUESTED: \$ _____