

## Start-Up

<b>Residential Living Assistance Fund FY27 (July 1, 2026 – June 30, 2027)</b>	
Purpose	<p>Funds support individuals receiving DMH funded residential services provided by a qualified agency, or individuals accessing DMH funded self-directed residential services. Funds assist with costs associated with furnishing your living space.</p> <p>Items purchased using Residential Living Assistance Funds are owned by the individual receiving the support.</p>
Agency's Role	<p>Funds may only be utilized for individuals whose income is limited and who are unable to purchase new items on their own. Agencies are responsible for the following:</p> <ol style="list-style-type: none"> <li>1. Support individuals with accessing all available community resources before accessing these funds.</li> <li>2. Educate and support individuals with comparison shopping to include prices and longevity/quality of items that will meet their household needs.</li> <li>3. The agency's role is strictly as a fiscal facilitator, managing the financial transaction but not claiming ownership of the items.</li> </ol>
Individual Eligibility Requirements	<ol style="list-style-type: none"> <li>1. Individual receives DMH-funded residential services or DMH-funded self-directed residential services.</li> <li>2. The individual is new to receiving residential services and has received services for six months or less.</li> <li>3. Individual must have a signed lease and plan to move into their residence within 30 days.</li> </ol>
Caps and/or Limits	<p><b>Funding Preapproval and Reimbursement Conditions</b></p> <ul style="list-style-type: none"> <li>• <b>Preapproval for funds must be obtained before individuals become eligible for reimbursement.</b></li> <li>• <b>Approved funds will be authorized for a specific period.</b></li> <li>• <b>If a reimbursement request is not submitted within the approved timeframe, funding may not be guaranteed.</b></li> </ul> <p><b>DDRB funds are available based on annual funding allocation. Email <a href="mailto:AgencyRelations@ddrb.org">AgencyRelations@ddrb.org</a> to obtain preapproval.</b></p> <p>Funds are available up to six months after the individual's move-in date. The DDRB establishes lifetime caps annually. Refer to the DDRB Residential Living Assistance Funds Reimbursement Checklist for lifetime limits.</p>
Billable Activities	<p>Items eligible for reimbursement are identified on the approved DDRB Residential Living Assistance Funds Reimbursement Checklist. If items are purchased from a community resource such as a garage sale, Market Place, etc. a written receipt (with date and cost of items) must be obtained and submitted with the request.</p>
Invoicing Procedures	<p>Requests for reimbursement must be submitted within six (6) months of the date the individual moved into their new residence. This is a one-time</p>

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	<p>reimbursement; no funds are available after the one-time reimbursement checklist is submitted.</p> <p>The following are required to receive reimbursement:</p> <ul style="list-style-type: none"> <li>• Completed current Residential Living Assistance Funds Checklist.</li> <li>• Legible copies of receipts and/or paid invoices include date and amount paid.</li> </ul>
<p>Reference Forms available at <a href="http://www.ddrb.org">www.ddrb.org</a></p>	<ul style="list-style-type: none"> <li>• DDRB Residential Living Assistance Funds Reimbursement Checklist</li> </ul>

# DDRB Residential Living Assistance- Reimbursement Checklist

**FY27 Annual Caps: ISL/Companion Home/Host Home \$1,000**

**Funding Preapproval and Reimbursement Conditions**

- Preapproval for funds must be obtained before individuals become eligible for reimbursement. email:agencyrelations@ddrb.org
- Approved funds will be authorized for a specific period.
- If a reimbursement request is not submitted within the approved timeframe, funding may not be guaranteed.

**DDRB funds are available based on annual funding allocation.**

**Individual's Name:** \_\_\_\_\_

**DMH# (REQUIRED):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Initial Purchase:** \_\_\_\_\_

**Date of Reimbursement Request:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Staff Name:** \_\_\_\_\_

**Agency Staff Ph. Number:** \_\_\_\_\_

**Agency Staff Email:** \_\_\_\_\_

**SC/Case Manager:** \_\_\_\_\_

Indicate the type of service: \_\_\_\_\_ Residential Services \_\_\_\_\_ Self-Directed Residential Services

Items eligible for reimbursement must be on this list. List the amount spent (per receipt) next to the item. Attach copies of receipts to this form and submit to DDRB. Providers should consult with the DDRB regarding individuals who are experiencing extenuating circumstances and whose needs exceed the identified caps and/or limits.

Eligible Items		Indicate Amount on Receipts	<input checked="" type="checkbox"/>
<b>Moving Truck Rental</b>	<b>Moving Truck Rental</b> -for initial move in to new residence and/or to pick up from Sharing Shed (1x truck rental only)		
	<b>Moving Truck Rental Subtotal</b> \$		
<b>General Items</b>	Vacuum		
	Lockbox /Safe (1)		
	<b>General Items Subtotal</b> \$		

Eligible Items		Indicate Amount on Receipts	<input checked="" type="checkbox"/>
<b>Bathroom Items</b>	Shower rod/Curtain/Hooks		
	Towels (body/face/hand)		
	Rugs (2)/Bathmat (1)		
	<b>Bathroom Items Subtotal</b> \$		
<b>Bedroom Items</b>	Mattress set (1)/Delivery		
	Bed Linens/Bed Pillows		
	<b>Bedroom Items Subtotal</b> \$		
<b>TV</b>	T.V. (Limit \$250)		
	TV stand or wall mount		
	Antenna		
	<b>TV Subtotal</b> \$		

<b>Line 1</b>	<b>Total of all Subtotal lines</b>	
<b>Line 2</b>	<b>Tax (Line 1 x .0795)</b>	
<b>Total Reimbursement Requested (Line 1 + Line 2)</b>		

DDRB Review:
Entered on Tracking Sheet
Approved by:
Date approved:
Cc: Agency and SC/CM