

## 10.1.1 Start-Up

### 10.3.1.1 Residential Living Assistance Fund

Residential Living Assistance Fund	
Purpose	Funds support individuals receiving DMH funded residential services provided by a qualified agency, or individuals accessing DMH funded self-directed personal assistance services to assist with costs associated with living independently.
Agency's Role	<p>Agency has determined the individual's financial need and has supported the individual to make a reasonable and good faith effort to access community resources for items that will meet their household needs. Residential providers will support individuals with seeking all available community resources prior to accessing these funds.</p> <p>Agency staff will educate and support individuals with comparison shopping to include prices and longevity/quality of the items.</p>
Individual Eligibility Requirements	Individuals new to receiving DMH funded residential services (six-months or less) provided by a qualified agency, or individual new to accessing DMH funded self-directed personal assistance services (six months or less), are eligible for Residential Living Assistance Funds. Individuals receiving residential services must have a signed lease and plan to move into their residence within 30 days. Funds may only be utilized for individuals whose income is limited and who are unable to purchase the items on their own.
Caps and/or Limits	<p><b>Individuals are eligible to receive Residential Living Assistance Funds one time, dependent on the availability of DDRB funds. For those receiving the below type of residential service, the following dollar caps apply:</b></p> <p><b>ISL/Companion:</b> one-time reimbursement up to \$2,500</p> <p><b>Group Home/Host Home:</b> one-time reimbursement up to \$1,250.</p> <p>Funds are available up to six-months after the individual's move-in date.</p> <p>Residential providers should consult with the DDRB regarding existing individuals who are experiencing extenuating circumstances (for example, but not limited to: fire, bed bugs, etc.) and whose needs exceed the identified caps and/or limits. Residential providers should submit requests for exceptions via email to the DDRB's Agency and Community Relations Director.</p>
Billable Activities	Items eligible for reimbursement are identified on the approved Residential Living Assistance Funds Checklists. If items are purchased from a community resource such as a garage sale, Facebook Market Place, etc. a written receipt (with date and cost of items) must be obtained and submitted with the request.
Invoicing Procedures	<p>Agencies submit Residential Living Assistance Funds Checklist and receipts directly to the DDRB:</p> <ul style="list-style-type: none"> <li>• Requests for reimbursement must be submitted within six (6) months of the date the individual moved into their new residence.</li> <li>• This is a one- time reimbursement, no funds are available after the one-time reimbursement checklist is submitted.</li> </ul>

Residential Living Assistance Fund	
	<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 that include date and amount paid.</li> </ul>
Reference Forms available at <a href="http://www.ddrb.org">www.ddrb.org</a> or <a href="http://www.foragencies.org">www.foragencies.org</a>	Residential Living Assistance Fund Checklist

## START-UP Furnishings Reimbursement Checklist

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

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

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

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

ISLA Provider: \_\_\_\_\_

ISLA Contact Name: \_\_\_\_\_

ISLA Contact Phone Number: \_\_\_\_\_

ISLA Contact Email Address: \_\_\_\_\_

Items eligible for reimbursement are identified on this checklist.

For reimbursement: List the amount, including tax, spent (per receipts) next to each item purchased. Completed checklists and receipts must be submitted as an attachment to the invoice. All receipts must be submitted to the funding County Board within six (6) months of the earliest purchase/receipt date. The Total Payment Requested will auto calculate in the lower right hand box.

Eligible Items		Indicate Amount on Receipts	✓
Rent & Utilities (Limit \$700)	1 <sup>st</sup> month's rent		
	Utility hookup fees/deposits		
	<b>Rent &amp; Utilities Subtotal</b>	\$	
Moving Expenses (Limit \$700)	Moving truck		
	Moving boxes/packing tape/bubble wrap		
	<b>Moving Expenses Subtotal</b>	\$	
Appliances (Limit \$1,000)	Dryer (1)		
	Washer (1)		
	Microwave and Stand (1)		
	Refrigerator (1)		
	Delivery Fee (up to \$100)		
	<b>Appliances Subtotal</b>	\$	
Furniture (Limit \$1,500)	Couch or Loveseat (1)		
	Kitchen table (1)		
	Kitchen table chairs (4)		
	Recliner/Chair (1)		
	End tables (2)/Coffee table (1)		
	Lamp		
	Delivery Fee (up to \$100)		
	<b>Furniture Subtotal</b>	\$	
Kitchen Items (Limit \$400)	All utensils/cutlery		
	Bakeware/cookware		
	Electric can opener		
	Dish towels/cloths		
	Dinnerware/bowls		
	Glasses/cups		
	Pots/pans/skillets		
	Food storage containers		
	Mop/bucket/broom/dust pan		
	Coffee maker (1)		
	Crock-Pot/Instant Pot/Air fryer (1)		
	Mixer/blender (1)		
	Toaster (1)		
	Trashcan (1)		
	<b>Kitchen Items Subtotal</b>	\$	
General Items (Limit \$100)	Telephone (land line)		
	CO2 Detector (1)		
	Fire extinguisher (1)		
	First Aid Kit		
	Vacuum		
<b>General Items Subtotal</b>		\$	

Eligible Items		Indicate Amount on Receipts	✓
General Items (Limit \$100)	Window treatments/blinds		
	Step stool (1)		
	Lockbox/Safe (1)		
	Emergency Radio (1)		
	<b>General Items Subtotal</b>	\$	
Lawn care Items (Limit \$400)	Lawn Mower (1)		
	Trimmer/Weed eater (1)		
	Leaf Blower (1)		
	<b>Lawn Care Items Subtotal</b>	\$	
Bathroom Items (Limit \$100)	Shower rod/Curtain/Hooks		
	Towels (body/face/hand)		
	Rugs/Bathmat (1)		
	<b>Bathroom Items Subtotal</b>	\$	
Bedroom Items (Limit \$1,500)	Dresser (1)		
	Mattress set (1)		
	Lamp		
	Head/Foot Board/Frame		
	Bookcase (1)		
	Bed Linens/Bed Pillows		
	Clothes Hamper/Hangers		
	Delivery Fee (up to \$100)		
	<b>Bedroom Items Subtotal</b>	\$	
T.V. (Limit \$400)	T.V.		
	TV stand or wall mount		
	Antenna		
	<b>TV Subtotal</b>	\$	

Line 1	Total all Subtotals (Do not include Moving Expenses, Rent & Utilities)	
	Proceed to next line if requesting reimbursement for Moving Expenses, Rent & Utilities	
Line 2	Moving Expenses, Rent & Utilities Subtotal	
Line 3	<b>Line 1 + 2 Total Payment Requested</b>	