

<b>Residential Living Assistance Fund</b>	
Purpose	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.
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 the individual to make a reasonable and good faith effort to access community resources for items that will meet their household needs.</li> <li>2. Support individuals with seeking all available community resources prior to accessing these funds.</li> <li>3. Educate and support individuals with comparison shopping to include prices and longevity/quality of 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>Funds are available up to six months after the individual's move-in date. For individuals receiving residential service, the following dollar caps apply:</p> <ul style="list-style-type: none"> <li>• ISL/Companion: one-time reimbursement up to \$2,500</li> <li>• Group Home/Host Home: one-time reimbursement up to \$1,250</li> </ul> <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 DDRB Residential START-UP Furnishing Reimbursement Checklists. 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.
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 one-time 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 that include the 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>	DDRB Residential START-UP Furnishing Reimbursement Checklist

# DDRB Residential Living Assistance- Reimbursement Checklist

FY24 Annual Caps: ISL/Companion Home \$2,500    Group Home/Host Home \$1,500

Indicate the living situation: \_\_\_\_\_ ISL/Companion Home                      \_\_\_\_\_ Group Home/Host Home

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

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

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

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

Agency Contact Name: \_\_\_\_\_

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

Agency Contact Ph. Number: \_\_\_\_\_

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

Agency Contact Email Address: \_\_\_\_\_

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

Service Coordinator/Case Manager: \_\_\_\_\_

Items eligible for reimbursement must be on this list. List amount spent (per receipts) next to the item. Attach copies of receipts to this form and submit to DDRB within one year of date on receipt. One person per request form. Indicate the total Payment Requested in the box below. ISLA providers should consult with the respective County Board regarding individuals who are experiencing extenuating circumstances and whose needs exceed the identified caps and/or limits.

**ISL/Companion eligible for all items in both columns**

	Eligible Items	Indicate Amount on Receipts	<input checked="" type="checkbox"/>
<b>RENT</b>	1 <sup>st</sup> month's rent-Limit \$700		
	<b>Rent Subtotal</b>	\$	
<b>Moving Expenses</b> (Limit \$700)	Moving truck		
	Moving boxes/packing tape/bubble wrap		
	<b>Moving Expenses Subtotal</b>	\$	
<b>Appliances</b> (Limit \$1,000)	Dryer (1)		
	Washer (1)		
	Microwave and Stand (1)		
	Refrigerator (1)		
	<b>Appliances Subtotal</b>	\$	
<b>Furniture</b> (Limit \$1,500)	Couch or Loveseat (1)		
	Kitchen table (1)		
	Kitchen table chairs (4)		
	Recliner/chair (1)		
	End tables (2)/Coffee table (1)		
	Desk		
	Lamp (1)		
	Delivery Fee (up to \$100)		
	<b>Furniture Subtotal</b>	\$	
<b>Kitchen Items</b> (Limit \$400)	All utensils/cutlery		
	Bakeware/cookware		
	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		
	Mixer/blender (1)		
	Toaster (1)		
	Trashcan		
	<b>Kitchen Items Subtotal</b>	\$	
<b>General Items</b> (Limit \$200)	Telephone (land line)		
	CO2 Detector (1)		
	Fire extinguisher (1)		
	First Aid Kit		
	<b>General Items Subtotal</b>	\$	

**Group/Host Home eligible for items in this column only**

	Eligible Items	Indicate Amount on Receipts	<input checked="" type="checkbox"/>
<b>General Items</b> (Limit \$100)	Window treatments/blinds		
	Step stool (1)		
	Lockbox /Safe (1)		
	<b>General Items Subtotal</b>	\$	
<b>Bathroom Items</b> (Limit \$100)	Shower rod/Curtain/Hooks		
	Towels (body/face/hand)		
	Rugs (2)/Bathmat (1)		
	<b>Bathroom Items Subtotal</b>	\$	
<b>Bedroom Items</b> (Limit \$1,500)	Dresser (1)		
	Mattress set (1)		
	Recliner/Chair (1)		
	Head/Foot Boards/Frame		
	Lamp		
	Bookcase (1)		
	Bed Linens/Bed Pillows		
	<b>Bedroom Items Subtotal</b>	\$	
<b>TV</b> (Limit \$400)	T.V. (Limit \$400)		
	TV stand or wall mount		
	<b>TV Subtotal</b>	\$	

<b>Line 1</b>	<b>Total all Subtotals (Do not include Rent)</b>	
<b>Line 2</b>	<small>Tax (Line 1 x .0795) DOES NOT APPLY TO RENT</small>	=
<b>Line 3</b>	<b>Rent Subtotal</b>	+
<b>Total Payment Requested (Line 1 + Line 2 + Line 3)</b>		=

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