

10.3.1 FY2025 Start-Up/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 residential services. Funds assist with costs associated with furnishing your living space.
Agency's Role	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: <ol style="list-style-type: none"> 1. Support individual with accessing all available community resources prior to accessing these funds. 2. Educate and support individuals with comparison shopping to include prices and longevity/quality of items that will meet their household needs.
Individual Eligibility Requirements	<ol style="list-style-type: none"> 1. Individual receives DMH funded residential services or DMH funded self-directed residential services. 2. Individual is new to receiving residential services and has received services for six-month or less. <p>Individual must have a signed lease and plan to move into their residence within 30 days.</p>
Caps and/or Limits	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. 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.
Billable Activities	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.
Invoicing Procedures	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 reimbursement; no funds are available after the one-time reimbursement checklist is submitted. The following are required to receive reimbursement: <ul style="list-style-type: none"> • Completed current Residential Living Assistance Funds Checklist. • Legible copies of receipts and/or paid invoices that include date and amount paid.
Reference Forms available at www.ddrb.org	DDRB Residential Living Assistance Funds Reimbursement Checklist

DDRB Residential Living Assistance- Reimbursement Checklist

FY25 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"/>
RENT	1 st month's rent-Limit \$700		
	Rent Subtotal	\$	
Moving Expenses (Limit \$700)	Moving truck		
	Moving boxes/packing tape/bubble wrap		
	Moving Expenses Subtotal	\$	
Appliances (Limit \$1,000)	Dryer (1)		
	Washer (1)		
	Microwave and Stand (1)		
	Refrigerator (1)		
	Delivery Fee (up to \$100)		
	Appliances Subtotal	\$	
Furniture (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)		
	Furniture Subtotal	\$	
Kitchen Items (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		
	Kitchen Items Subtotal	\$	
General Items (Limit \$200)	Telephone (land line)		
	CO2 Detector (1)		
	Fire extinguisher (1)		
	First Aid Kit		
	Vacuum		
	General Items Subtotal	\$	

Group/Host Home eligible for items in this column only

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

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

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