

SELF-DIRECTED SERVICES

Housing Subsidy Submission Checklist DEVELOPMENTAL DISABILITIES REGIONAL OFFICE 2



Office for People With
Developmental Disabilities

Individual Name: _____

TABS ID: _____

Date: ____ / ____ / ____

- Completed Budget Application
- Signed Participation Agreement
- Signed Support Services Plan
- Signed Quality Assurance Checklist
- Copy of Signed Lease Agreement, Including Individual's Name
- Copy of Individual's Income Verification (SSI and/or SSD Statements/Pay Stubs)
- Copy of National Grid/Utilities Statement
- Copy of Renter's Insurance Policy (If Applicable)
- Copy of Individual's ISP

Individual / Advocate Signature

Date

Care Coordination Manager Signature

Date

Fiscal Intermediary Reviewer Signature

Date