**Department of Health and Hospitals**

**Office for Citizens with Developmental Disabilities**

**OCDD VERIFICATION OF ACTUAL TEPA COSTS**

This form is used to verify that OCDD has reviewed the “Transitional Expenses Planning and Approval (TEPA) Request” form for completeness and compliance and has verified receipts for actual expenditures. This form is required for final approval of all TEPA requests.

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| **Section 1 – OCDD Verification of Actual TEPA Costs** |
| Participant’s Name:   |
| Total Dollar Amount Verified by OCDD: $ |
| OCDD State Office Signature: Date: |
| **Section 2 – Approval** |
| Total Actual Cost: $ ❒ Approved ❒Disapproved |
| OCDD Regional Office Signature: Date: |