Department of Health and Hospitals

Office for Citizens with Developmental Disabilities

**TRANSITIONAL EXPENSES PLANNING AND APPROVAL (TEPA) REQUEST FORM**

Instructions: Each item purchased must be indicated in the appropriate area with the actual cost of the item, based on the receipt, indicated in the “Actual Cost Based on Receipt” column. All sections of this form must be filled out completely and contain all appropriate signatures in order to process the request.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PARTICIPANT’S NAME: | |  | | | | | | | | | | | | SSN: |  | | | | | | | |
| WAIVER POPULATION: | | | NOW | | ROW | | | | | | | | | OCDD REGIONAL OFFICE: | | | | | | | |  |
| CURRENT ICF/DD FACILITY: | | | | | | | | | |  | | | | | | | | | | | | |
| PROJECTED MOVE DATE: | | | | | |  | | | | | | | | ACTUAL MOVE DATE: | | | | | |  | | |
| PRE-142 APPROVAL DATE: | | | | | | | |  | | | | | | FINAL APPROVED TEPA DATE: | | | | | | | |  |
| TOTAL ESTIMATED TEPA COST: | | | | | | | | |  | | | | | TOTAL ACTUAL TEPA COST: | | | | | | | |  |
| INITIAL PLAN OF CARE END DATE: | | | | | | | | | | | |  | | | | | | | | | | |
| **ITEMIZED EXPENSE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| AREA | ITEM | | | DESIGNATED PURCHASER’S INITIALS | | | NUMBER OF ITEMS REQUESTED | | | | | ESTIMATED COST RANGE | | | | | ESTIMATED COST | ACTUAL COST  BASED ON RECEIPT | | | | |
| LIVING ROOM | SOFA | | |  | | |  | | | | | $250-$440 | | | | |  |  | | | | |
|  | LOVE SEAT | | |  | | |  | | | | | $150-$300 | | | | |  |  | | | | |
|  | CHAIR | | |  | | |  | | | | | $75-$150 | | | | |  |  | | | | |
|  | COFFEE TABLE | | |  | | |  | | | | | $50-$70 | | | | |  |  | | | | |
|  | END TABLE | | |  | | |  | | | | | $50-80 | | | | |  |  | | | | |
|  | WALL HANGINGS | | |  | | |  | | | | | $10-$45 | | | | |  |  | | | | |
|  | RECLINER | | |  | | |  | | | | | $140-$210 | | | | |  |  | | | | |
| DINING ROOM | DINING TABLE/CHAIRS | | |  | | |  | | | | | $140-$210 | | | | |  |  | | | | |
| KITCHEN | DISHES/PLATES | | |  | | |  | | | | | $15-$30 | | | | |  |  | | | | |
|  | GLASSWARE | | |  | | |  | | | | | $5-$15 | | | | |  |  | | | | |
|  | CUTLERY/FLATWARE | | |  | | |  | | | | | $15-$30 | | | | |  |  | | | | |
|  | MICROWAVE | | |  | | |  | | | | | $30-$70 | | | | |  |  | | | | |
|  | COFFEE MAKER | | |  | | |  | | | | | $10-$20 | | | | |  |  | | | | |
|  | POTS/PANS | | |  | | |  | | | | | $35-$70 | | | | |  |  | | | | |
|  | MISCELLANEOUS (DRAIN BOARD,  DISH CLOTHS/TOWELS,  POT HOLDERS,  STORAGE CONTAINERS,  BROOM,  MOP/BUCKET) | | |  | | |  | | | | | $50-$300 | | | | |  |  | | | | |
|  | MISCELLANEOUS (IRON, SMALL KITCHEN APPLIANCES) | | |  | | |  | | | | | $25-$75 | | | | |  |  | | | | |
| BATHROOM | MISCELLANEOUS  (TOWELS, HAMPER,  SHOWER CURTAIN,  PERSONAL CARE ITEMS,  BATH MATS) | | |  | | |  | | | | | $50-$150 | | | | |  |  | | | | |
|  |  | | |  | | |  | | | | |  | | | | |  |  | | | | |
| AREA | ITEM | | | DESIGNATED PURCHASER’S INITIALS | | | NUMBER OF ITEMS REQUESTED | | | | | ESTIMATED COST RANGE | | | | | ESTIMATED COST | ACTUAL COST BASED ON RECEIPT | | | | |
| BEDROOM | BEDROOM SET INCLUDING MATTRESS/BOXSPRINGS | | |  | | |  | | | | | $250-$500 | | | | |  |  | | | | |
|  | NIGHT STAND | | |  | | |  | | | | | $75-$100 | | | | |  |  | | | | |
|  | MISCELLANEOUS (COMFORTER, SHEETS, PILLOWS, LAMPS, CURTAINS) | | |  | | |  | | | | | $100-$300 | | | | |  |  | | | | |
| MOVING EXPENSES | MOVING COMPANY | | |  | | |  | | | | | $100-$200 | | | | |  |  | | | | |
| HEALTH AND SAFETY | ONE-TIME CLEANING FEE | | |  | | |  | | | | | $25-$100 | | | | |  |  | | | | |
|  | PEST ERADICATION | | |  | | |  | | | | | $50-$150 | | | | |  |  | | | | |
|  | ALLERGEN CONTROL | | |  | | |  | | | | | $25-$30 | | | | |  |  | | | | |
|  | FIRE EXTINGUISHER | | |  | | |  | | | | | $30-$40 | | | | |  |  | | | | |
|  | SMOKE DETECTOR | | |  | | |  | | | | | $10-$20 | | | | |  |  | | | | |
|  | FIRST AID KIT / SUPPLIES | | |  | | |  | | | | | $15-$40 | | | | |  |  | | | | |
| NON-REFUNDABLE SETUP FEES | TELEPHONE | | |  | | |  | | | | |  | | | | |  |  | | | | |
|  | ELECTRICITY | | |  | | |  | | | | |  | | | | |  |  | | | | |
|  | HEATING BY GAS | | |  | | |  | | | | |  | | | | |  |  | | | | |
| TOTALS: | | | | | | | | | | | | | | | | |  |  | | | | |
| SUPPORT COORDINATION INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| SUPPORT COORDINATION AGENCY: | | | | | | | | | | |  | TELEPHONE NUMBER(S): | | | | | | | | | |  |
| ADDRESS: | | | | | | | | | | |  | E-MAIL ADDRESS: | | | | | | | | | |  |
|  | | | | | | | | | | |  |  | | | | | | | | | |  |
| SUPPORT COORDINATOR’S NAME: | | | | | | | | | | | | | | |  | | | | | | | |
| SUPPORT COORDINATOR’S SIGNATURE: | | | | | | | | | | | | | | |  | | DATE: | | | | |  |
| DESIGNATED PURCHASER INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| DESIGNATED PURCHASER’S NAME: | | | | | | | | | | |  | AGENCY: | | | | | | | | |  | |
| ADDRESS: | | | | | | | | | | |  | E-MAIL ADDRESS: | | | | | | | | | |  |
| DESIGNATED PURCHASER’S SIGNATURE: | | | | | | | | | | | | |  | | | DATE: | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| DESIGNATED PURCHASER’S NAME: | | | | | | | | | | |  | AGENCY: | | | | | | | | | |  |
| ADDRESS: | | | | | | | | | | |  | TELEPHONE NUMBER: | | | | | | | | | |  |
| DESIGNATED PURCHASER’S SIGNATURE: | | | | | | | | | | | | | | |  | DATE: | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | |
| OCDD PRE-APPROVED SERVICE AUTHORIZATION AMOUNT: $ | | | | | | | | | | | | | | | | | | | | |  | |
| OCDD REGIONAL OFFICE SIGNATURE: | | | | | | | | | | | | | | | | | | |  | | | |