



HOUSING PAYMENT REQUEST

ERD HVP FOSA/CPA Graduated Reentry Housing Grant

Requester name, title		Phone number	Request date
Applicant name			DOC number
Current location	PRD	MAX date	Reentry date

PAYMENT REQUEST	
Vendor business name	Billing address
Account contact	Telephone number
Rental start date	Rental end date

CRITERIA WORKSHEET ACCEPTED (Required): VERIFIED Yes No SWV: _____

RENTAL ADDRESS: _____

PAYMENT AMOUNT: \$_____

Comments or progress notes (Required):

ACCOUNTING CODING (Business Office verifies): _____

ROUTING AND APPROVAL

Participants will never directly receive or handle funds and checks.
Employees acknowledge their accountability for enforcing this requirement and that a need for this service exists to the best of their knowledge.

Requester	Signature	Date
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Approved Denied

Program Administrator/designee	Signature	Date
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Case manager or Regional Housing Specialist will submit the completed form to ERDVoucher@doc1.wa.gov

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Case manager file