

Attachment D**Attestation to Use of Funds for Household
Start-up Goods and Services**Department of
Developmental Disabilities

I attest, to the best of my knowledge, that all available resources have been exhausted, including HOME Choice Funds, for _____
(individual's name).

Funds expended on start-up were reviewed and agreed upon by the team prior to expenditures.

**Individual or
guardian**

Signature

Date

**County
board SSA**

Signature

Date

County

**Provider
designee**

Signature

Date

Agency

A copy of all receipts for expenditures must be included. Payments are limited to a maximum of \$1,000 per individual; effective September 1, 2015.