



<b>Kitchen</b>	Refrigerator				
	Stove				
	Cooktop				
	Dishwasher				
	Convection Oven				
	Dishes/Plates				
	Glassware				
	Cutlery/Flatware				
	Microwave				
	Coffee Maker				
	Toaster				
	Crock Pot				
	Indoor Grill				
	Pots/Pans				
	Drain board				
	Storage Containers				
	Blender				
	Can Opener				
	Food Processor				
	Mixer				
Dishcloths, Towels, Potholders					
<b>Bathroom</b>	Towels				
	Hamper				
	Shower Curtain				
	Bath Mat				
<b>Miscellaneous</b>	Curtain Rod				
	Washer				
	Dryer				
	Vacuum Cleaner				
	Air Conditioner				
	Fan				
	Broom				
	Mop				
	Bucket				
	Iron				
Ironing Board					
<b>Moving Expenses</b>	Moving Company				
	Cleaners (prior to move; one time expense)				
<b>Health and Welfare</b>	Pest Control/Eradication				
	Fire Extinguisher				
	Smoke Detector				
	First Aid Supplies/Kit				
<b>Total Estimated Cost</b>					
<b>Total Actual Cost</b>					

### Pre-Approval Authorization

Pre-Approved Authorization Amount: \_\_\_\_\_

SC Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SC Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Support Coordination (SC) Agency Information:

Name:		
Agency:		
Address:		
Telephone Number(s):		
E-Mail Address:		
SC Signature:		Date:

#### Designated Purchaser (DP) Information:

Name:		
Agency:		
Address:		
Telephone Number(s):		
E-Mail Address:		
DP Signature:		Date:

#### Designated Purchaser (DP) Information:

Name:		
Agency:		
Address:		
Telephone Number(s):		
E-Mail Address:		
DP Signature:		Date:

#### Designated Purchaser (DP) Information:

Name:		
Agency:		
Address:		
Telephone Number(s):		
E-Mail Address:		
DP Signature:		Date:

#### To Be Completed by SC Supervisor for FINAL APPROVAL:

This will verify that SC Supervisor has reviewed the TSF for completeness and compliance and verified receipts for actual expenditures.

Participant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

APPROVED:

Total Actual Cost: \_\_\_\_\_

NOT APPROVED:

SC Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_