

**New York State Department of Health
NHTD/TBI Housing Program
Housing Support Addendum: Household Goods- Actual Expenditures**

Participant _____ Date _____
 Service Coordination Agency _____ Phone _____
 Service Coordinator _____

Please attach all receipts for household goods purchased.

The participant has purchased the following household goods:

ITEM	AMOUNT
Kitchen Items (dishes, pots/pans, silverware, appliances, etc.)	
Total	
Bedroom Items (bed, chest of drawers, linens, etc.)	
Total	
Living Room Items (chair, coffee table, television, etc.)	
Total	
Bathroom Items (rugs, accessories, shower curtain, etc.)	
Total	
Laundry/Cleaning Supplies (iron, laundry basket, cleaning utensils, etc.)	
Total	
Accessories/Other (clocks, lamps, light bulbs, first aid kit, etc.)	
Total	
TOTAL FOR ALL ITEMS PURCHASED	

The items listed above have been purchased on behalf of the participant and are in his/her possession.

Service Coordinator Signature _____