

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

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

**Service Coordinator Signature** \_\_\_\_\_