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| logo.bmp | **Transmittal of Client Funds from the Protective Payee** | | | | | Transmittal Number: | | |
| TO: DSHS  OFFICE OF ACCOUNTING SERVICES  PO BOX 9501  OLYMPIA WA 98507-9501 | | | | PROTECTIVE PAYEE NAME | | | TELEPHONE NUMBER (WITH AREA CODE) | |
| ADDRESS | | | | |
| CITY | | | STATE | ZIP CODE |
| CLIENT NAME | | ACES CLIENT IDENTIFICATION NUMBER | ACES AU NUMBER | AMOUNT OF CLIENT FUNDS BEING RETURNED | PERIOD OF TIME  FROM TO | | ENTER REASON CODE  1. LOSS OF CONTACT 3. INCARCERATED  2. DSHS REQUEST 4. OTHER EXPLAIN | |
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| **TOTAL AMOUNT TRANSMITTED** | | | |  |  | | | |
| I certify that the information is correct and check number for the total amount is attached. | | | | PROTECTIVE PAYEE’S SIGNATURE DATE | | | | |
| RECEIVED BY: NAME | | | DATE RECEIVED | CRJ and Line Number: | | | | |

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| **How to Complete and Use Transmittal of Client Funds from the Protective Payee, DSHS 01-210**  1. Use one form per CSO.  2. Transmittal number is for your use in tracking individual transactions.  3. Complete the Agency/company/your name and address.  4. Use one line for each client that you are returning funds for.  5. Complete each column. Period of time is the months of grant received being returned. Enter the number code for why the money is being returned.  If 4 is selected then explain the reason for the return. The total amount transmitted is the total of all the client's money being returned.  6. In the space after check number enter the number of your check. The amount on your check should match the Total Amount Transmitted.  7. Sign and date the form.  8. Mail the top copy of the form and your check to address on the front of the form.  9. Mail one copy to the CSO.  10. File a copy in your files |