DSHS WASHINGTON STATE Department of Social and Health Services

DIVISION OF VOCATIONAL REHABILITATION (DVR)

DVR Referral to Office of Financial Recovery (OFR)

1 through 12. Completed by DVR Field Staff			
1. SOCIAL SECURITY NUMBER	2. BIRTHDATE	3. TODAY'S DATE	
4. CUSTOMER'S FIRST NAME	MIDDLE INITIAL	LAST NAME	
5. STREET ADDRESS	CITY	STATE	ZIP CODE
6. TELEPHONE NUMBER (INCLUDE AREA CODE) ( )		7. AMOUNT $	
7. REASON FOR AMOUNT OWED TO DVR (IF EQUIPMENT, LIST ITEMS NOT RECOVERED)			
8. DESCRIPTION OF EFFORTS TO COLLECT MONEY OR EQUIPMENT ITEMS PRIOR TO FINAL CERTIFIED LETTER			
9. STATEMENT INDICATING WHETHER OR NOT FRAUD IS SUSPECTED			

10. REQUEST FOR DEBT FORGIVENESS / PAYMENT PLAN, IF APPLICABLE

- ☐ Administrative error (explain):
- ☐ Hardship (explain):
- ☐ Payment plan needed (explain):
- ☐ Other (explain):

11. DOCUMENTATION ATTACHED

- ☐ Copy of customer letter requesting return of equipment / reimbursement of funds.
- ☐ Copy of AFPS and invoices.
- ☐ Copy of DVR loan agreement in the customer record in the case management system (Transfer / Loan / Recovery Agreement, DSHS 19-074).
- ☐ Certified Mail Receipt (proof of delivery).
- ☐ Copy of case narrative(s) documenting attempts to collect money or items prior to mailing certified customer OFR referral letter with appeal options.

12. FINAL STEPS

- Create a case narrative in the customer's record in the case management system titled "Referred to OFR."
- Mail copy of referral form with attached documentation to DVR Fiscal Unit.
- If customer returns equipment / payment following referral, notify DVR Fiscal Unit.

13 through 16. Completed by Fiscal Staff at the DVR State Office only	
13. WARRANT / EFT DATES	14. AFRS CODING
15. FISCAL STAFF'S NAME	16. FISCAL STAFF'S TELEPHONE NUMBER (INCLUDE AREA CODE) ( )