

## DVR Referral to Office of Financial Recovery (OFR)

<b>1 through 12. Completed by DVR Field Staff</b>			
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 <input type="checkbox"/> Administrative error (explain):  <input type="checkbox"/> Hardship (explain):  <input type="checkbox"/> Payment plan needed (explain):  <input type="checkbox"/> Other (explain):			
11. DOCUMENTATION ATTACHED <input type="checkbox"/> Copy of customer letter requesting return of equipment / reimbursement of funds. <input type="checkbox"/> Copy of AFPS and invoices. <input type="checkbox"/> Copy of DVR loan agreement in STARS (previously referred to as the Load Agreement for Tools, Equipment, Initial Stock and Supplies, DSHS 19-074). <input type="checkbox"/> Certified Mail Receipt (proof of delivery). <input type="checkbox"/> Copy of STARS case narrative(s) documenting attempts to collect money or items prior to mailing certified customer OFR referral letter with appeal options.			
12. FINAL STEPS <ul style="list-style-type: none"> <li>Case note in STARS "Referred to OFR."</li> <li>Mail copy of referral form with attached documentation to DVR Fiscal Unit.</li> <li>If customer returns equipment / payment following referral, notify Fiscal Unit.</li> </ul>			
<b>13 through 16. Completed by Fiscal Staff at the DVR State Office only</b>			
13. WARRANT / EFT DATES		14. AFRS CODING	
15. FISCAL STAFF'S NAME		16. FISCAL STAFF'S TELEPHONE NUMBER (INCLUDE AREA CODE) (     )	