



## PROTECTIVE PAYEE DECISION

Date: \_\_\_\_\_

FOLD

Dear \_\_\_\_\_,

- The department has decided that you need a protective payee assigned to your case. Attached you will find a copy of the assessment used to make this decision and the protective payee payment plan outlining the payments the protective payee will make for you.

Your case has been assigned to \_\_\_\_\_  
NAME TELEPHONE NUMBER  
\_\_\_\_\_  
ADDRESS

Please contact \_\_\_\_\_ to set up your case.  
PAYEE CONTRACTOR NAME

- The department has decided that you do not need a protective payee at this time. Attached you will find a copy of the assessment used to make this decision.

Client's ACES ID Number: \_\_\_\_\_

### Fair Hearing Rights

If you disagree with any of our decisions, you may ask for a fair hearing. To request one, contact your local office or write to The Office of Administrative Hearings, PO Box 42489, Olympia WA 98504-2489. You must ask for your fair hearing within 90 days of getting this letter.

At the hearing, you can represent yourself. A lawyer or other person you choose can also represent you. You may be able to get free legal advice or representation. Call us or the statewide legal services line at 1-888-201-1014 for more information.

You can also ask for a case review. This will not delay or replace a fair hearing and it could resolve the disagreement sooner. Contact your local office to ask for a case review.