Financial Information Sheet (FIS) Instructions

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RE: ____________________________________________

JRA Number: ____________________________________

Date of Birth: ___________________________________

Each parent(s) or guardian of a minor child may be liable for a portion of the cost of care for youths in the custody of DSHS and JRA.

Please fill out the enclosed Financial Information Sheet and be as complete as possible in your answers. Mail the completed form in the enclosed envelope to:

OFFICE OF FINANCIAL RECOVERY
PO BOX 9768
OLYMPIA WA 98507-9768

If we do not receive a completed Financial Information Sheet within 15 days of the date of this letter, you will be billed at a default amount of $3083.84 per month.

If you have any questions, you may call ________________________________ at 1-800-562-6114, Ext. ______, between 8:00 AM and 5:00 PM, Monday through Friday.