



# Transmittal of Resident Personal Funds

(Chapter 70.129.040 RCW, WAC 388-96-384)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 ECONOMIC SERVICES ADMINISTRATION  
 OFFICE OF FINANCIAL RECOVERY  
 ESTATE RECOVERY  
 PO BOX 9501  
 OLYMPIA WA 98507-9501

**FROM:** FACILITY

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NAME OF DECEDENT WHO RECEIVED LONG-TERM CARE SERVICES		CASE NUMBER	SOCIAL SECURITY NUMBER
DATE OF BIRTH	DATE OF DEATH	AMOUNT SENT TO OFR Send check or money order.	
<b>Enclose Final Accounting of Deceased Resident's Personal Funds</b>			
DISPOSITION OF FUNDS			
Refund amount:		Transfer amount:	
To:		Account Number:	
Reason:		Reason:	
Requestor:		Requestor:	
Completed by:		Completed by:	
Date:		Date:	