

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 <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"> Case note in STARS "Referred to OFR." Mail copy of referral form with attached documentation to DVR Fiscal Unit. If customer returns equipment / payment following referral, notify Fiscal Unit. | | | |
| 13 through 16. Completed by Fiscal Staff at the DVR State Office only | | | |
| 13. WARRANT / EFT DATES | | 14. AFRS CODING | |
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| 15. FISCAL STAFF'S NAME | | 16. FISCAL STAFF'S TELEPHONE NUMBER (INCLUDE AREA CODE) () | |