



**ESA** Economic Services  
Administration

This assessment:  Initial  Review

1. COMMUNITY SERVICES OFFICE (CSO)	
2. SOCIAL SERVICES SPECIALIST / CASE MANAGER'S NAME	3. TELEPHONE NUMBER
4. CLIENT'S NAME	5. AID TYPE
6. CLIENT'S ASSISTANCE UNIT ID NUMBER	7. CLIENT'S e-JAS ID NUMBER

## Protective Payee Assessment

### SECTION I. REASON PROTECTIVE PAYMENTS ARE NEEDED

Check all the applicable box(es) below. There must be documentation in case file to support checked items.

- 1. TANF/SFA client is a pregnant or parenting minor. (WAC 388-460-0040) (Teen assessment in the case file)
- 2. Emergency makes a caretaker relative unable to care for their dependent children. (WAC 388-460-0030)
- 3. Mismanagement of funds. (WAC 388-460-0035)
  - Observation of client receiving cash assistance indicates the client or their client's children are hungry, ill, or not adequately clothed.
  - Repeated requests for more money, for example AREN, for basic essentials such as food, utilities, clothing, and housing.
  - Client has a series of evictions or utility shut off notices are not due to lack of funds.
  - Medical or psychological evaluations indicate the client cannot manage their funds.
  - Persons having had a chemical dependency assessment and who are participating chemical dependency treatment
  - Complaints from vendors show pattern of failure to pay bills or rent.
  - Notice from the Office of Fraud and Accountability that a client illegally used a public assistance Electronic Benefits Transfer (EBT) card or cash obtained with an EBT card two or more times.
  - Other (WAC 388-460-0035-3) (explain):

### SECTION II. EXPLAIN WHY A PROTECTIVE PAYEE IS NEEDED OR CONTINUES TO BE NEEDED – ATTACH SUPPORTING EVIDENCE (NOT REQUIRED IF YOU CHECKED BOX 1 OR 2 ABOVE)

### SECTION III. SIGNATURES

1. Client disagrees with the decision they must have a payee.  Yes  No

2. Evaluation of evidence and situation indicates protective payee  is  is not required.

WORKER'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE (ONLY ON MISMANAGEMENT CASES)

COMMENTS

CLIENT UNAVAILABLE/NON-COOPERATIVE

## **Client Rights and Notification Regarding the Protective Payee Plan, DSHS 14-349**

### Client Notification

If assignment to a protective payee is required, the client must be notified within ten (10) days of the action.

### Fair Hearing Information

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 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.

### Non-Discrimination

Our programs are provided for everyone without regard to race, color, sex, age, handicap, religious or political beliefs, or country of birth.