



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 PO BOX 9501 OLYMPIA WA 98507-9501

DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)

DCYF Client Overpayment Notice

1. CLIENT NAME AND ADDRESS

12. We overpaid you \$ _____ from _____
 to _____.

13. This happened because:

14. Cause of overpayment: Client Department

If you have questions about the amount or the reason why you were overpaid, please call:

15. Worker's Name:	16. Worker's Telephone Number: Email:
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- A. Send your check or money order, made payable to "**DSHS / OFR**", for the amount you were overpaid to:
 Department of Social and Health Services (DSHS)
 Office of Financial Recovery (OFR)
 Client Enforcement Unit (CEU)
 PO Box 9501 MS 45862
 Olympia, WA 98507-9501
- B. If you would like to discuss a payment plan, call the DSHS Office of Financial Recovery, Client Enforcement Unit, at:
 (360) 664-5700 (Olympia)
 1-800-562-6114 (Toll Free) Ext. 16183
 1-800-833-6388 (TTY Washington State Relay Service)
- C. If you do not pay we can still collect from you. For example, we can garnish money from your paycheck, file a lien in your name that will appear on your credit report, and/or garnish money from your bank account(s).

2. Date:	3. OFA / Audit No:
4. Payment System: Select one.	
5. Reporting Unit: _____ or AFRS Org Index:	
6. * Payment System's Client ID Number:	
7. Date of Birth:	
8. Select one of the following: a. <input type="checkbox"/> SSPS. Must attach DSHS 18-399 SSPS Client / Provider Overpayment Computation Sheet. b. <input type="checkbox"/> Non-SSPS. Must attach DSHS 18-399A Non-SSPS Client / Vendor / Provider Overpayment AFRS Coding Computation.	
9. ACES AU ID Number:	
10. Authorization Number: Line: _____ Suffix: _____	
11. ** Service Description: ** See instructions for "Multiple."	

*** Please use the Client ID Number on all payments, correspondence, attachments, and telephone calls.**

- D. Consumers who disagree with DCYF's decisions affecting their WCCC benefits have administrative hearing rights under chapter [110-03 WAC](#) (WAC [110-15-0280](#)). Consumers' requests for hearing:
- 1) May be made by contacting DCYF in-person, by telephone, or by serving DCYF with written requests that are also filed with the office of administrative hearings (OAH) as described in WAC [110-03-0060](#) and [110-03-0080](#).
 - 2) Must include the information and documents described in WAC [110-03-0050\(2\)](#) if requests are made in writing.
 - 3) Must be made within 90 days of the date the consumers received the decisions being appealed. After completing the administrative hearings, OAH issues initial orders pursuant to WAC [110-03-0460](#) and [110-03-0480](#).

Consumers who disagree with initial orders may request reviews as provided in WAC [110-03-0510](#) through [110-03-0550](#).

When consumers request reviews of the initial orders, review judges issue final orders after considering the requests for review, initial orders, and hearing records. Consumers who disagree with final orders may request reconsiderations as provided in WAC [110-03-0570](#) through [110-03-0580](#) or seek judicial reviews as described in WAC [110-03-0590](#).

- E. If your overpayment was decreased or increased due to the outcome of an Administrative Hearing, you no longer have hearing rights thru the Office of Financial Recovery. Refer to your Final Order for Appeal Rights. If your overpayment was increased due to a change made by the Department, you do have hearing rights on the amount of the increase only.