



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

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.	
Enclose Final Accounting of Deceased Resident's Personal Funds			
DISPOSITION OF FUNDS			
Refund amount:		Transfer amount:	
To:		Account Number:	
Reason:		Reason:	
Requestor:		Requestor:	
Completed by:		Completed by:	
Date:		Date:	