



STATE OF WASHINGTON  
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
 PO Box 9501 Olympia WA 98507-9501

## State Supplementary / Direct Payment Client Overpayment Notice

|                               |
|-------------------------------|
| Date:                         |
| Office / MS:                  |
| DD Client ID Number:          |
| Client / Payee SSN:           |
| Client / Payee Date of Birth: |
| Service Code:                 |
| P1 Authorization Number:      |
| Service Description:          |

- New Overpayment  
 Supersedes Overpayment Notice Dated: \_\_\_\_\_

RE: Client Name \_\_\_\_\_

A. You were overpaid State Supplementary / Direct Payments in the amount of: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. A computation sheet is attached.

B. The overpayment occurred because:

- Client was not financially eligible to receive an SSP payment per WAC 388-827-0105.
- Client was not in need of / did not receive the specified service
- Incorrect amount was authorized
- Payment authorized to incorrect party
- Other: \_\_\_\_\_

C. If you have questions regarding the amount or reason for this overpayment, please contact the Developmental Disabilities Administration (DDA) at the number below:

\_\_\_\_\_  
 WORKER'S NAME

\_\_\_\_\_  
 WORKER'S TELEPHONE NUMBER

Please send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery  
 PO Box 9501  
 Olympia, WA 98507-9501  
 (360) 664-5700  
 1-800-562-6114 (Toll Free)  
 1-800-452-2334 (Language Interpreter)  
 1-800-833-6388 (TTY Washington State Relay Service)

If payment is not made:

- We may file a lien against your personal and real property.
- DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary.

If you disagree with any of the decisions in determining this overpayment, you may request a fair hearing within ninety (90) days of the receipt of this letter by writing the Office of Administrative Hearings, PO Box 42489, Olympia WA 98504-2489.

\_\_\_\_\_  
 WORKER'S SIGNATURE

**DISTRIBUTION:** Scan completed form and email to OFR and SSP Program Manager, retain form in Client File.