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| Protective Payee Assessment | 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 | |
| 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)** | | | | |
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| **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 | | | | |

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| **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. |