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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 NotificationIf assignment to a protective payee is required, the client must be notified within ten (10) days of the action.Fair Hearing InformationIf 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-DiscriminationOur programs are provided for everyone without regard to race, color, sex, age, handicap, religious or political beliefs, or country of birth. |