|  |  |  |
| --- | --- | --- |
| **Protective Payee Payment Plan, Case Assignment, and Closure Notice** | 1. COMMUNITY SERVICES OFFICE (CSO) | 2. DATE |
| 3. SOCIAL SERVICES SPECIALIST / CASE MANAGER’S NAME | 4. TELEPHONE NUMBER |
| 5. CLIENT’S NAME | 6. AID TYPE |
| 7. CLIENT’S ID NUMBER | 8. CLIENT’S e-JAS ID NUMBER |
| 9. CLIENT’S AU ID NUMBER | 10. TELEPHONE NUMBER |
| 11. CLIENT’S ADDRESS |
| **SECTION I. CASE ACTION**  |
| [ ]  Case Assignment, start date:  [ ]  Plan Change [ ]  Review[ ]  End Case Assignment, effective date:   |
| **SECTION II. REASON FOR ASSIGNMENT (MARK APPROPRIATE BOX)** |
| [ ]  1. Minor parent (TANF/SFA). WAC 388-460-0040[ ]  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)[ ]  4. Other (WAC 388-460-0035-3):  |
| **SECTION III. PAYMENT PLAN – COMPLETE THOSE BOXES THAT APPLY (IF KNOWN)** |
| 1. LANDLORD’S NAME | 2. LANDLORD’S TELEPHONE NUMBER (AREA CODE)() |
| 3. LANDLORD’S ADDRESS | 4. CURRENT AMOUNT OF RENT/PAYMENT$  |
| UTILITY COMPANY | CHILD CARE PROVIDER |
| NAME | NAME |
| ADDRESS | ADDRESS |
| TELEPHONE NUMBER (AREA CODE)() | TELEPHONE NUMBER (AREA CODE)() |
| OTHER PAYMENTS OR SPECIAL INSTRUCTIONS |
| SECTION IV. PROTECTIVE PAYEE SELECTION |
| 1. PROTECTIVE PAYEE’S NAME |
| 2. PAYEE’S BUSINESS ADDRESS | 3. PAYEE’S TELEPHONE NUMBER (AREA CODE)() |
| **SECTION V. SIGNATURE** |
| 1. WORKER’S SIGNATURE | DATE |
| COMMENTS [ ]  Client attended [ ]  Client unavailable |

|  |
| --- |
| **Client Rights and Notification Regarding the Protective Payee Payment Plan, Case Assignment, and Closure Notice, DSHS 14-426**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. |