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| **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 | | | | | | |

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