|  |  |
| --- | --- |
|  |  Transmittal of Resident Personal Funds (Chapter 70.129.040 RCW, WAC 388-96-384) |
|  |
| DEPARTMENT OF SOCIAL AND HEALTH SERVICESECONOMIC SERVICES ADMINISTRATIONOFFICE OF FINANCIAL RECOVERYESTATE RECOVERYPO BOX 9501OLYMPIA WA 98507-9501 | **FROM:** FACILITY |
| ­- - - - - - |
| NAME OF DECEDENT WHO RECEIVED LONG-TERM CARE SERVICES | CASE NUMBER | SOCIAL SECURITY NUMBER |
| DATE OF BIRTH | DATE OF DEATH | AMOUNT SENT TO OFR Send check or money order. |
| Enclose Final Accounting of Deceased Resident’s Personal Funds |
|  |
| DISPOSITION OF FUNDS |
| Refund amount:  | Transfer amount:  |
| To:  | Account Number:  |
| Reason: | Reason: |
| Requestor:  | Requestor:  |
| Completed by:  | Completed by:  |
| Date:  | Date:  |