|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Transmittal of Resident Personal Funds (Chapter 70.129.040 RCW, WAC 388-96-384) | | | | | |
|  | | | | | | |
| DEPARTMENT OF SOCIAL AND HEALTH SERVICES  ECONOMIC SERVICES ADMINISTRATION  OFFICE OF FINANCIAL RECOVERY  ESTATE RECOVERY  PO BOX 9501  OLYMPIA 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: | | |