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| STAT500STATE OF WASHINGTONDEPARTMENT OF SOCIAL AND HEALTH SERVICESPO Box 9501 Olympia WA 98507-9501**State Supplementary / Direct Payment** **Client Overpayment Notice** |
|  | Date:  |
| Office / MS:  |
| DD Client ID Number:  |
| Client / Payee SSN:  |
| Client / Payee Date of Birth:  |
| Service Code:  |
| P1 Authorization Number:  |
| Service Description:  |
| **[ ]**  New Overpayment **[ ]**  Supersedes Overpayment Notice Dated:  RE: Client Name  A. You were overpaid State Supplementary / Direct Payments in the amount of:  from to  . A computation sheet is attached.B. The overpayment occurred because: **[ ]**  Client was not financially eligible to receive an SSP payment per WAC 388-827-0105. **[ ]**  Client was not in need of / did not receive the specified service **[ ]**  Incorrect amount was authorized **[ ]**  Payment authorized to incorrect party **[ ]**  Other:  C. If you have questions regarding the amount or reason for this overpayment, please contact the Developmental Disabilities Administration (DDA) at the number below:   WORKER’S NAME WORKER’S TELEPHONE NUMBERPlease send a check for the full amount made payable to FSA, OFR to the address below or make payment arrangements within ten (10) days with the: Financial Services Administration, Office of Financial Recovery PO Box 9501 Olympia, WA 98507-9501 (360) 664-5700 1-800-562-6114 (Toll Free) 1-800-452-2334 (Language Interpreter) 1-800-833-6388 (TTY Washington State Relay Service)If payment is not made:* We may file a lien against your personal and real property.
* DSHS can collect by foreclosure, distraint, seizure, and sale or garnishment of up to 25% of your net salary.

If you disagree with any of the decisions in determining this overpayment, you may request a fair hearing within ninety (90) days of the receipt of this letter by writing the Office of Administrative Hearings, PO Box 42489, Olympia WA 98504-2489. WORKER’S SIGNATURE |