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| STAT500  STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  PO 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 NUMBER  Please 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 | |