



STATE OF WASHINGTON
 DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 PO Box 9501 Olympia WA 98507-9501

State Supplementary / Direct Payment Client Overpayment Notice

Client / SSP Payee

| |
|-------------------------------|
| 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 eligible for SSI
- 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

DISTRIBUTION: Scan completed form and email to OFR and SSP Program Manager, retain form in Client File.