

WARDS ACCOUNT

Close-Out Worksheet

When DCF is no longer the Representative Payee of a foster child's benefit, the worker shall review expenses to ensure DCF has been reimbursed for cost of care to the extent that it can. Before closing out a case, all deposits must be approved or disapproved. Follow these steps to see if any cost of care can still be reimbursed.

WARDS Worker's Name: _____

Date Worksheet Completed: _____

WARDS Client's Name: _____	Client ID#: _____
Client SSN: _____ last 4 digits	Client DOB: _____

STEP 1 Dates DCF was Payee: _____ to _____

STEP 2 Were any approved expenses NOT paid in full to DCF? ☐ Yes ☐ No

Skip to End

If yes, attach the Expense Detail report and list the expenses (service ID#s/amount not reimbursed) here:

STEP 3 Is there still a balance in the client's account after applying expenses from STEP 2? ☐ Yes ☐ No

Skip to End

If yes, complete PPS 5927A and attach all to this form.

STEP 4 Request a manual expense by completing this section and sending the completed form, with attachments, to the WARDS Accountant.

To WARDS Accountant: Please do a manual expense from this client's WARDS account. (see client info above.) If PPS 5927A also attached, complete any request with it, and then return the balance in the client's account to Social Security.

Payee:

Total Amount: \$ _____

Reason: Reimbursement for cost of care (date/ServiceID/amount not reimbursed – list as many that apply):

For WARDS Accountant Use:

Request Recv'd:

Check #:

Date on Check:

