



Bureau for Social Services

If you are part of the group that experienced a foster care payment delay for the month of February 2023 and have suffered hardship or financial loss to the extent you have been charged with overdraft, late fees, or similar charges due to this delay, please complete the information below. You must provide documentation of the charges or fees associated with this payment delay.

The following is a list of delayed payment types that may have resulted in unexpected fees or charges:

- foster care (kinship/relative or DHHR),
- adoption,
- legal guardianship,
- specialized family care homes (children and adults), and
- adult family care.

Name: _____ Provider ID: _____

(Please Print Clearly)

Address: _____

City, State, Zip: _____

Phone Number: _____

Please provide a brief description of the overdraft/late charge or similar fee(s) and amount associated. You must demonstrate how these fees were directly related to the February 2023 payment delay.

Acceptable documentation that **must** be provided with the form includes:

- a copy of the statement showing the late charge/fee (please circle the charge for clarity),
- a copy of the statement from the bank or financial institution showing overdraft fees, **OR**
- other documentation such as utility bills, medical bills, payment receipts, etc., showing accrued late charges, **AND**
- a completed W-9.

Please send the form and necessary documentation to the following address:

Commissioner Jeffrey Pack
 Bureau for Social Services
 350 Capitol Street, Room 730
 Charleston, WV 25301

I hereby certify that that these charges are directly related to the foster care payment delay for the month of February 2023.

(Signature)

(Date)



West Virginia Department of Health and Human Resources
Provider Tax Identification Reporting Form
(Substitute IRS Form W-9)

Organization Name: _____

OR Individual Name: _____

Social Security Number : _____

OR Federal Employer Identification Number (FEIN): _____

Business or Home Address: _____

Street Address City/State County Zip Code

Payment Address: _____

Street Address City/State County Zip Code

Telephone Number: _____

Pursuant to Internal Revenue Service regulations, providers must furnish their taxpayer identification number (TIN) to the State. If this number is not provided, you will not receive payments.

Check the type of entity that applies to your account (mark box with an "x"):

- Individual Sole Proprietorship Partnership Government/Non-Profit
- Corporation Public Services Corporation Estate Trust

Under penalty of perjury, I declare that I have examined this request and to the best of my knowledge and belief it is true, correct and complete.

Name (print): _____

Signature: _____

Date: _____

Telephone: _____

RETURN THE COMPLETED FORM TO YOUR CASE WORKER OR TO THE STATE OFFICE.

Return by U.S. Mail:
DHHR, Bureau for Social Services
350 Capitol Street, Room 730
Charleston, WV 25301

Return by Fax:
(304) 558-8800

Please complete the entire form. Incomplete forms will be returned and will not be processed.