Washington State Department of Social & Health Services

Social Service Referral

DATE

1. Client Information

CASE NAME	TELEPHONE NUMBER	CASE NUMBER

ADDRESS	CITY	STATE	ZIP CODE

2. Referral

- ☐ ABD Disability / HEN Incapacity Determination
- ☐ PWA Case Management
- ☐ Ongoing Additional Requirements
- ☐ Other:

3. Special Criteria

- ☐ SSI / SSDI Approved
- ☐ NGMA Approved
- ☐ Active Incapacity Certification Period
- ☐ Aged
- ☐ Equal Access
- ☐ Active ALTSA / HCS Case
- ☐ Limited English Proficiency; Primary Language:

4. Comments

Barcode label

14084