Washington State Department of Social & Health Services
Transforming lives

Social Service Referral

DATE

1. Client Information

CASE NAME	TELEPHONE NUMBER	CLIENT ID	APPLICATION DATE

ADDRESS	CITY	STATE	ZIP CODE

2. Referral

- ☐ ABD Disability / HEN Incapacity Determination
- ☐ Refugee Cash Assistance (RCA)
- ☐ Ongoing Additional Requirements
- ☐ Other:
- ☐ Pregnant Women Assistance (PWA) Case Management
- ☐ TANF Time Limit Extension (TLE)
- ☐ TANF Disability Assessment (TDA)

3. Special Criteria

- ☐ SSI / SSDI Approved
- ☐ Active HEN Referral
- ☐ Active ABD
- ☐ Limited English Proficiency; Primary Language:
- ☐ NGMA Approved
- ☐ Aged
- ☐ Equal Access

4. Comments

Barcode label

14084