



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Date: _____

Client Number: _____

Case Worker: _____

Language: _____

Program: _____

I would like to talk to you about why you didn't cooperate with:

- Completing a chemical dependency assessment as required in the letter dated _____.
- Completing chemical dependency treatment as required in the letter dated _____.
- Medical or mental health treatment as required in the letter dated _____.

Your cash assistance will end unless you provide a good reason for not cooperating per WAC 388-449-0220.

To talk about why you didn't cooperate, you must:

- Meet with me on _____, _____ to talk about why you didn't cooperate.
(DATE) (TIME)
- Call me at _____ by _____ to discuss why you didn't cooperate.

You may also send me a written explanation of why you didn't cooperate by _____, _____.
Include any proof you have, such as a doctor's statement, with your letter.

Comments:

Disability Specialist

Telephone: _____

CSO: _____