



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Date:

Client ID:

Language:

- You must provide proof you have completed a chemical dependency assessment by \_\_\_\_\_.  
DATE
- Your chemical dependency assessment recommends that you complete substance use disorder treatment. You must provide proof you are participating in treatment by \_\_\_\_\_.  
DATE

If you don't complete an assessment or treatment as required, your Housing and Essential Needs (HEN) Referral program eligibility may end per WAC 388-447-0120.

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Chemical Dependency assessment and treatment providers in your area include:

**Please call me if you have any questions or if you need help finding a certified chemical dependency assessment or treatment provider.**

\_\_\_\_\_  
SOCIAL SERVICE SPECIALIST

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
CSO