



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Date: \_\_\_\_\_

Client Number: \_\_\_\_\_

Case Worker: \_\_\_\_\_

Language: \_\_\_\_\_

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 \_\_\_\_\_.

Your Housing and Essential Needs (HEN) Referral eligibility will end unless you provide proof you have met the requirement or a good reason for not cooperating per WAC 388-447-0120.

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

Meet with me on \_\_\_\_\_ at \_\_\_\_\_  
DATE TIME

Please call me at \_\_\_\_\_ by \_\_\_\_\_ to discuss why you did not cooperate.  
PHONE NUMBER DATE

You may also send me a written explanation of why you didn't cooperate by \_\_\_\_\_.  
DATE

Include any proof you have, such as a doctor's statement, with your letter.

Comments:

\_\_\_\_\_  
DISABILITY SPECIALIST

Telephone: \_\_\_\_\_

CSO: \_\_\_\_\_