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 ________________________.

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

Comments:

________________________________________ Telephone: __________________________

DISABILITY SPECIALIST

CSO: __________________________

CHEMICAL DEPENDENCY NONCOOPERATION

DSHS 14-528 (REV. 10/2013)