You must provide proof you have completed a chemical dependency assessment by _______________.

Your chemical dependency assessment recommends that you complete substance use disorder treatment. You must provide proof you are participating in treatment by _______________.

If you don’t complete an assessment or treatment as required, your Aged, Blind, or Disabled (ABD) or Pregnant Women Assistance (PWA) cash assistance may end per WAC 388-449-0220.

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.

________________________________________ Telephone: __________________________
SOCIAL SERVICE SPECIALIST TIME 
CSO: __________________________