Dear:

__________ receives services from the Developmental Disabilities Administration (DDA). To remain eligible for these services, an assessment must be completed every year.

You are being notified that the assessment for the above person must be reviewed and completed by ________.

☐ I have scheduled the assessment meeting for ____ at ____.

The meeting will include the person, their family and/or any legal representative, and others involved in the person’s life and services. Your involvement is appreciated to ensure that the assessment is accurate and complete. If you are not able to attend, you can assist in this process by providing the following information for consideration during the assessment process:

Please contact me within ten (10) days of receiving this letter regarding your availability to attend the meeting. You may also contact me if you have any questions or concerns.

Thank you.

CASE MANAGER / SOCIAL WORKER NAME  TITLE

TELEPHONE NUMBER (INCLUDE AREA CODE)  EMAIL ADDRESS

Enclosure:  Self Addressed Envelope

☐ Consent form 14-012 is enclosed.
☐ Consent form 14-012 is not required by HIPAA because you are a DDA contracted provider.

cc: Client File

DSHS 15-290 (REV. 03/2015)
Instructions For Notification of Annual Assessment Review

When do I use this form?
You use this form to notify individuals other than the client or their legal representative of the upcoming assessment meeting at least 60 days prior to the 365th day of the current assessment. An assessment is effective through the last day of the 12th month of the plan period.

This form is only mandatory if you choose to provide written notification of the meeting and/or request for information. If your contact is by telephone then use of the letter is not mandatory.

Note: WAC 388-828-1540:

Who participates in your DDA assessment?

1. All relevant persons who are involved in your life may participate in your DDA assessment, including your parent(s), legal representative/guardian, advocate(s), and service provider(s).

2. DDA requires that at a minimum: You, one of your respondents, and a DDA employee participate in your DDA assessment interview. In addition:
   a) If you are under the age of eighteen, your parent(s) or legal guardian(s) must participate in your DDA assessment interview.
   b) If you are under the age of eighteen or older, your court appointed legal representative/guardian must be consulted if he/she does not attend your DDA assessment interview.
   c) If you are eighteen and older and have no legal representative/guardian, DDA will assist you to identify a respondent.

DDA may require additional respondents to participate in your DDA assessment interview, if needed, to obtain complete and accurate information.