



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Client ID:

Program:

Neni me Aninisin (HEN) chon nipwakingaw
Housing and Essential Needs (HEN) Referral Incapacity Review

A tori fansoun omw review ren nipwakingawan om w HEN. Sia mochen ren tichikin om safei ren iei an epwe pwarata ukukun om pochokun an epwe appetuk seni angang ren WAC 388-447-0110. Ika sise angei ei taropwen seni _____, omw we HEN Referral epwe ne kouno non _____.

Kose mochen ngenikich ekkei mettoch mi affat:

- Kose mochen poraus ngeni noum we chon awora aninisin omw safei an epwe ngonuk taropwen om safei ren iei. En me noum we chon aninis ami mei tongeni tini taropwen tichikin taropwen om safei non ei futo. Ewe taropwen Psychological/Psychiatric (form 13-865) mi pwan tongeni download seni ei website <https://www.dshs.wa.gov/fsa/forms>.

Kose mochen kokoriei ika ke need aninis faniten kuttan ei medical evidence ika en me noum we chon aninis mi wor ami kapas eis.

EWE CHON ANISI MI HANDICAP

NAMPAN FON

Community Services Office