



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Date:

Client ID:

Language:

- You must provide proof you have completed a substance use assessment by _____.
DATE
- Your substance use assessment recommends that you complete substance use disorder treatment. You must provide proof you are participating in treatment by _____.
DATE

If you don't complete an assessment or treatment as required, your Housing and Essential Needs (HEN) Referral program eligibility may end per WAC 388-447-0120.

Substance use assessment and treatment providers in your area include:

Please call me if you have any questions or if you need help finding a certified substance use assessment or treatment provider.

SOCIAL SERVICE SPECIALIST

TELEPHONE NUMBER

CSO