Date: 

Client Number: ____________
Case Worker: ____________
Language: ____________

Hello,

We weren’t able to confirm that you:

☐ Completed a substance use assessment as required in the letter dated _________________.
☐ Participated in substance use disorder treatment as required in the letter dated _________________.

Your Housing and Essential Needs (HEN) Referral eligibility will end unless you provide proof you have met this requirement or have a good reason for not participating per WAC 388-447-0120.

Please:

☐ Meet with me on ________________ at ________________. 

☐ Call me at ________________ by ________________ to discuss why you were not able to participate.

You may also send me a written explanation of why you were not able to participate by _________________.

Include any proof you have, such as a statement from your medical or treatment provider, with your letter.

Comments:

I look forward to speaking with you.

__________________________ Telephone: ______________________
DISABILITY SPECIALIST

__________________________ CSO: ______________________

STUBSTANCE USE GOOD CAUSE APPOINTMENT LETTER (HEN REFERRAL)
DSHS 14-528 (REV. 03/2021)