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)