



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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 _____
DATE TIME
- Call me at _____ by _____ to discuss why you were not able to participate.
PHONE NUMBER DATE

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

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.

DISABILITY SPECIALIST Telephone: _____
CSO: _____