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 Aged, Blind, or Disabled (ABD) or Pregnant Women Assistance (PWA) assistance may end per WAC 388-449-0220.

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.

Telephone: ________________________________

SOCIAL SERVICE SPECIALIST TIME

CSO: ________________________________

SUBSTANCE USE DISORDER REQUIREMENTS (ABD / PWA)
DSHS 14-529 (REV. 03/2021)