

Developmental Disabilities Administration (DDA)  
**Service Request Contact Notice**

Dear:

On \_\_\_\_\_ you made a request for services. In order to determine the services you are eligible for, we must complete an assessment of your needs. I tried to contact you to schedule this assessment on \_\_\_\_\_ and \_\_\_\_\_.

If you still want services, please contact me **within ten (10) days** of the date of this letter to schedule this assessment. You may also contact me if you have any questions or concerns.

If I do not hear from you by \_\_\_\_\_, the request will be withdrawn. If your request is withdrawn, you will be assigned to a case manager on the No-Paid Services caseload and will receive a letter with their contact information.

You can make a new request for an assessment at any time by contacting your case manager, or by contacting or visiting your local DDA office. You can use the following website link to locate your local DDA office: <https://www.dshs.wa.gov/office-locations>. You can also request services by calling the Service Request and Information Line at \_\_\_\_\_, or make a request online at [www.dshs.wa.gov/dda/service-and-information-request](http://www.dshs.wa.gov/dda/service-and-information-request).

Thank you,

\_\_\_\_\_  
Case Manager's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Email Address

## Instructions

This form is designed to be sent when unable to contact a client following a service request and attempt to schedule a DDA assessment.

1. Enter the date that the form will be sent.
2. Enter the client name and address.
3. Enter the client representative name and address.
4. Enter the client name.
5. Enter the date that the client made the service request. This may be the date of a voicemail received from a county-based Service Request and Information line, the date of a Service and Information Request webform entry, or the date that the client requested a service from a DDA staff member.
6. Enter the date of the first attempt to contact the client following the service request.
7. Enter the date of the second attempt to contact the client following the service request.
8. Enter the date 10 days following the date that the form was sent (Line 1 above).
9. Enter the appropriate county-based Service and Information Request Phone Number. Reference the table below to include the appropriate Service Request and Information Line to this notice based on the client's county of residence. The client's county of residence can be viewed on the Overview screen in CARE.

<b>Client County of Residence</b>	<b>Service and Information Request Phone Number</b>
Chelan, Douglas. Ferry, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens	(800) 319-7116
Adams, Asotin, Benton, Columbia, Franklin, Garfield, Grant, Kittitas, Klickitat, Walla Walla, Whitman, Yakima	(866) 715-3646
Island, San Juan, Skagit, Snohomish, Whatcom	(800) 567-5582
King	(800) 974-4428
Kitsap, Pierce	(800) 735-6740
Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum	(888) 707-1202