



DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
CONSTITUENT SERVICES

Ask DSHS

Thank you for contacting DSHS Constituent Services.

Due to confidentiality rules, we are unable to discuss specific cases through email and are, therefore, unable to respond to requests including the following: change of circumstance (address, phone numbers, members of household, start/stop work, cancellation of benefits, etc.)

You can [Report a change](#) in your financial and household circumstances on the [Washington Connection](#) website in addition to finding some case specific information by creating a [client benefit account](#). You can also contact your local DSHS Office or to apply for DSHS benefits please go to the [Washington Connection](#) website.

DSHS Constituent Services
PO Box 45130
Olympia, WA 98504-5130
(800) 737-0617

If this is an emergency, please call the toll free number listed above. Language interpreters are available.

It can take up to two weeks to process this form.

Email is not a secure form of communication. There is a risk unauthorized third parties may see your personal information if you use a commercial email service (such as Gmail, Hotmail, Yahoo, etc.). Please keep this in mind if you email DSHS. DSHS uses a secure email system when emailing confidential information to you.

We cannot send certain types of information over the Internet due to confidentiality so, if possible, please provide other ways for us to reach you, such as a mailing address or phone number.

Give us feedback or submit a request. We welcome all your comments and suggestions.

*** Required fields.** All others are optional.

TYPE OF FEEDBACK * <input type="checkbox"/> Complaint <input type="checkbox"/> Suggestion <input type="checkbox"/> Compliment <input type="checkbox"/> Question <input type="checkbox"/> Request		SUBJECT *	
YOUR NAME *		CLIENT OR PERSON NEEDING SERVICE (IF DIFFERENT)	
Client is a minor: <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like a response? <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred contact method (if you want a response): <input type="checkbox"/> Email <input type="checkbox"/> Regular mail <input type="checkbox"/> Phone call Please note: We are unable to communicate personal information by email.			
ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER (WITH AREA CODE)	EMAIL ADDRESS *		CASE NUMBER (IF APPLICABLE)
MESSAGE *			