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| STATE OF WASHINGTON**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**Date:  |
|  | Client ID: Language:  |
| **[ ]** You must provide proof you have completed a chemical dependency assessment by  . DATE**[ ]** Your chemical dependency assessment recommends that you complete substance use disorder treatment. You must provide proof you are participating in treatment by  . DATEIf you don’t complete an assessment or treatment as required, your Housing and Essential Needs (HEN) Referral program eligibility may end per WAC 388-447-0120.  |
| Chemical Dependency assessment and treatment providers in your area include: |
| **Please call me if you have any questions or if you need help finding a certified chemical dependency assessment or treatment provider.**  SOCIAL SERVICE SPECIALIST TELEPHONE NUMBER CSO |