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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  .  DATE  If 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 | |