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| STATE OF WASHINGTON**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**Date:  |
|  | Client Number:  Case Worker:  Language:   |
| Hello,We weren’t able to confirm that you:[ ]  Completed a substance use assessment as required in the letter dated  .[ ]  Participated in substance use disorder treatment as required in the letter dated  .Your Housing and Essential Needs (HEN) Referral eligibility will end unless you provide proof you have met this requirement or have a good reason for not participating per WAC 388-447-0120. Please:[ ]  Meet with me on  at   DATE TIME[ ]  Call me at  by  to discuss why you were not able to participate. PHONE NUMBER DATEYou may also send me a written explanation of why you were not able to participate by  .  DATEInclude any proof you have, such as a statement from your medical or treatment provider, with your letter.Comments: |
| I look forward to speaking with you. Telephone:  DISABILITY SPECIALIST CSO:   |