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| STATE OF WASHINGTON**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**Date:  |
|  |  Client Number:   Language:   Program:   |
| [ ]  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 Aged, Blind, or Disabled (ABD) or Pregnant Women Assistance (PWA) cash assistance may end per WAC 388-449-0220. 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.  Telephone:  SOCIAL SERVICE SPECIALIST TIME  CSO:   |