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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: | |