



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Date:

Please return entire form by _____ for _____

Client ID:

Case Worker:

Language:

To remain eligible for a Housing and Essential Needs (HEN) Referral, you must:

- Complete a chemical dependency assessment.
- Participate in chemical dependency treatment.

Your HEN Referral eligibility may end if you fail to complete a chemical dependency assessment or participate in chemical dependency treatment without good cause per WAC 388-447-0120.

Please have your chemical dependency treatment provider complete this form. You must return this form by _____.

Return to:

Phone:

Fax:

This section must be completed by your chemical dependency assessment / treatment provider.

_____ was seen for an assessment or treatment on the following dates:

Is this client participating to your satisfaction? Yes No

When is this client scheduled to complete their treatment program? _____

Comments:

SIGNATURE

DATE

TITLE

PHONE NUMBER

AGENCY

ADDRESS