Washington State Department of Social & Health Services
Transforming lives

Social Service Referral

DATE

1. Client Information

CASE NAME	TELEPHONE NUMBER	CLIENT ID	APPLICATION DATE	LEP / PRIMARY LANGUAGE

ADDRESS	CITY	STATE	ZIP CODE

2. Referral

- ☐ ABD Disability / HEN Incapacity Determination
- ☐ Ongoing Additional Requirements
- ☐ Refugee Cash Assistance (RCA)
- ☐ Aged
- ☐ Protective Payee
- ☐ Other:
- ☐ Pregnant Women Assistance (PWA) Case Management
- ☐ TANF Disability Assessment (TDA)
- ☐ TANF Time Limit Extension (TLE)
- ☐ Teen Living Assessment (TLA)

3. Special Criteria

- ☐ SSI / SSDI Approved
- ☐ Active HEN Referral
- ☐ Active ABD
- ☐ Approved for HCS Long Term Care Services
- ☐ Approved for DDA Services
- ☐ Transitional Offender Assistance Program (TOAP)
- ☐ Terminally ill
- ☐ Equal Access (EA)
- ☐ Current DCS Support Order
- ☐ NGMA
- ☐ Urgent

4. Comments

- ☐ Financially Eligible

Barcode label

14084