



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Client ID:

Program:

Housing and Essential Needs (HEN) Referral Incapacity Review

It is time for your HEN Referral Incapacity Review. We need current medical evidence to decide if your health condition still prevents you from working per WAC 388-447-0110. If we do not receive this information by _____, your HEN Referral eligibility will end on _____.

Please give us the following information:

- Please ask your medical and/or mental health provider to provide current medical evidence. You or your provider can mail chart notes or evaluation forms in the enclosed return envelope. The Psychological/Psychiatric Evaluation (form 13-865) is available for download at <https://www.dshs.wa.gov/fsa/forms>.

Please call me if you need help obtaining this medical evidence or if you or your provider have questions.

DISABILITY SPECIALIST

PHONE NUMBER

Community Services Office