



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Date: \_\_\_\_\_

Client Number: \_\_\_\_\_

Language: \_\_\_\_\_

Program: \_\_\_\_\_

You are receiving cash assistance based on disability. We review your eligibility for the Aged, Blind, or Disabled (ABD) program:

- At least every 24 months.
- When the Social Security Administration (SSA) denies your application for SSI or SSDI.

We need current medical evidence of your disabling impairments or your ABD cash benefits will end per WAC 388-449-0150. The medical evidence must meet the criteria defined in WAC 388-449-0010.

If we do not receive this information by \_\_\_\_\_, your ABD cash benefits will end on \_\_\_\_\_.

You must provide 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 (DSHS form 13-865) is available for download at <https://www.dshs.wa.gov/office-of-the-secretary/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: \_\_\_\_\_