

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Service Request Contact Notice

Dear:

On _____ you made a request for services. In order to determine what services you are eligible for, we must complete an assessment of your needs. I tried to contact you to schedule this assessment on _____ and _____.

If you still want services, please contact me **within ten (10) days** of the date of this letter regarding your availability to schedule this assessment. You may also contact me if you have any questions or concerns.

If I do not hear from you within the next 10 days, the request will be withdrawn. If your request is withdrawn, you can make a new request for an assessment by calling the Service Request and Information Line at _____. You can also make a request online at www.dshs.wa.gov/dda/service-and-information-request.

Thank you.

CASE MANAGER / SOCIAL WORKER NAME

TITLE

TELEPHONE NUMBER (INCLUDE AREA CODE)

EMAIL ADDRESS