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| **Transforming Lives** | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Service Request Contact Notice** |
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| 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  If I do not hear from you within the next 10 days, the request will be withdrawn. If your request is withdrawn, you can make a new request for an assessment by calling the Service Request and Information Line at .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](http://www.dshs.wa.gov/dda/service-and-information-request).  Thank you.    CASE MANAGER / SOCIAL WORKER NAME TITLE    TELEPHONE NUMBER (INCLUDE AREA CODE) EMAIL ADDRESS | |