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| STATE OF WASHINGTONDEPARTMENT OF SOCIAL AND HEALTH SERVICES |
|       | Client ID: Program:  |
| We need the following information to determine your eligibility for  :If you need help, or need more time to submit any of the items, please call me at  .Failure to supply the above requested information may result in the denial of your application for assistance.  Community Services OfficeTelephone number:   |