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| STATE OF WASHINGTON  DEPARTMENT 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 Office  Telephone number: | |