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CHAPTER 60

FINANCIAL SUPPORT SERVICES

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CHAPTER 60
FINANCIAL SUPPORT SERVICES

60.00 PROGRAM AUTHORITY

Federal: 45 CFR 228.26

State: WAC 388-15-020; 388-15-580; 388-24-065; 388-24-111; 388-37-037; 388-37-050; and 388-92-020.

60.10 POLICY

60.11 Purpose of Service

The purpose of support services is to aid applicants in the eligibility determination for federal and state financial and medical services and to enable eligible clients to acquire additional services which are social services only in order to assist them to achieve self-support or achieve/maintain self-sufficiency in order to reduce/eliminate dependency.

60.12 Service Description

Support services to an applicant/recipient (A/R) of financial/medical assistance may include counseling, collateral contacts, home visits, referrals, gathering/preparation of reports for disability determination, establishing protective payees, evaluation/assistance in cases of noncompliance with Office of Support Enforcement (OSE), assistance in referrals to other agencies or to obtain recommended medical treatment, and other related activities to assist grant and medical applicants/recipients or social service clients.

60.13 General Policies Related to This Service

A. Applicants for financial or medical assistance, including applicants for General Assistance Unemployable (GA-U) or Aid to Families with Dependent Children-Regular (AFDC-R) who have been referred for an incapacity determination, will receive appropriate social services.

B. Incapacitated applicants/recipients will be referred for medical treatment or to other agencies as required by WAC 388-37-037, 388-37-050, or WAC 388-24-065. The incapacity specialist is responsible to monitor for compliance with these requirements.

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C. Applicants/recipients who appear to have continuing disabilities will be referred to the Social Security Administration for Supplemental Security Income (SSI), or Social Security benefits (SSA).

D. The service worker will determine and review the need for additional requirements (except winterization and Title IV-A Child Care) for persons receiving continuing financial assistance.

E. Certain Indian resources are not considered when determining eligibility.

F. When appropriate, the service worker, with the assistance of community worker(s), shall assure that appropriate financial support services are provided to American Indians, other racial minorities, and handicapped persons.

60.14 Priorities Related to this Service

Activities related to:

A. Authorizing additional requirements.

B. Establishing protective payees.

C. Evaluating noncompliance with OSE.

D. Referral to other agencies.

E. Obtaining recommended medical treatment.

F. Ongoing monitoring of medical treatment and other agency referrals.

G. Other support services.

60.15 Eligibility

Persons eligible for support services are as follows:

A. Incapacitated individuals whose eligibility for assistance requires compliance with recommended medical treatment and/or referral to other agencies. These persons must meet the following additional criteria:

1. General financial eligibility conditions for General Assistance. (See Manual F, 29.10 and 29.35.)

2. General financial eligibility conditions for AFDC (incapacitated parent). (See Manual F, 20.20, and WAC 388-24-065.)

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B. Applicants for medical services whose eligibility for assistance requires additional social information to demonstrate their disability. (See Manual F, 31.50.)

C. Assistance clients, who because of a disability or limited living arrangement, require additional funds for restaurant or home-delivered meals, transportation, food for a guide dog, telephone, or laundry services.

D. A/R of financial services whose sanction status with WIN or OSE requires a protective payee.

E. A/R of financial assistance whose noncompliance with OSE will require denial/termination of assistance.

60.20 PROGRAM STANDARDS

60.21 Program Expectations/Response Times

A. Respond to all emergency requests for service within four working hours.

B. For other than emergency requests, where it is necessary for the client to gain access to DSHS financial services, respond within one working day.

C. Determine need for additional requirements as soon as possible but within three working days.

D. Complete disability packet and transmit within seven working days.

E. Evaluate noncompliance with OSE within 30 days and report to financial services.

60.22 Appropriate Program/Service Outcomes

A. Client maintains his/her own home or community residence by use of additional services.

B. Client receives/retains financial assistance through use of support services during the period they are incapacitated.

C. Client achieves self-support or achieves/maintains self-sufficiency, thereby reducing/eliminating dependency.

D. Client receives Supplemental Security Income (SSI) or SSI-related medical assistance.

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60.30 SERVICE PROCEDURES RELATING TO INCAPACITY REFERRALS

60.31 Referral and Monitoring Requirements - General

A. GA-U and AFDC-R applicants/recipients must be referred for available recommended medical treatment and/or to other agencies when such a referral may reasonably be expected to substantially improve the individual's ability to work or to result in approval of SSI or other federally related disability benefits.

B. Recommendations for referrals for medical treatment are made by the IRT based usually upon the written recommendations of the evaluating physician or medical consultant. Participation in approved alcohol or drug treatment is a requirement for all individuals whose incapacity is due to alcoholism or drug addiction.

C. Applicants/recipients must be informed in writing of these requirements at the time of initial approval and at each redetermination of incapacity.

D. Failure of the applicant/recipient to follow through on recommended referrals will result in denial or termination of assistance. In addition, a sanction period will be imposed for GA-U recipients. Refer to 60.39 for sanction procedures.

60.32 Incapacity Specialist Responsibilities

A. At the time of the initial incapacity decision and at each review, determine whether the client should be referred for medical treatment or to other agencies.

   1. Refer for medical treatment as recommended by the IRT.

   2. Refer to other agencies as recommended by the IRT or whenever the incapacity specialist determines the client may be eligible for benefits/services from those agencies. See procedures in 60.36 for SSI and 60.37 for DVR.

B. Verify that all individuals found incapacitated due to alcoholism or drug abuse are actively participating in an approved alcoholism or certified drug treatment program unless the IRT has determined there is good cause for failure to do so.

C. Notify applicants/recipients in writing of the requirement to cooperate in all referrals, unless there is good cause to refuse, or assistance will be terminated.

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D. If the applicant/recipient is referred to a mental health facility which requires a copayment for treatment, notify the client in writing that inability to pay will not adversely affect eligibility for assistance. If the facility chooses to deny treatment in such cases, these clients cannot be subsequently sanctioned for noncooperation.

E. Record action taken on the DSHS 2-305, Service Episode Record. Code the social services to be authorized on the DSHS 14-154/159 for referral to appropriate agency. Use SSPS code 6011 or 6012 and appropriate reason code.

F. Review the Worker Service Report, SSPS 032, monthly to monitor whether client is cooperating in referrals for treatment or referrals to other agencies.

G. If the client has not followed through, refer back to the IRT to determine if the client had good cause for failure to follow through. Notify financial services immediately when the IRT determines that a client has failed to cooperate.

H. If it is determined that a GA-U client is pregnant, notify financial, so eligibility for AFDC or GA-S can be determined.

60.33 Incapacity Review Team Responsibilities

A. Refer to Chapter 61 for IRT composition and responsibilities in relation to the incapacity determination process.

B. After determining that an individual in incapacitated, the IRT can recommend medical treatment or referral to other agencies.

1. The decision to recommend medical treatment must be based on the best judgment of the IRT that the treatment is available and can reasonably be expected to render the client able to work.

2. The decision to recommend referral to other agencies, i.e., DVR, SSA, SSI, VA, must be based on the IRT's assessment of the individual's capabilities and potentials.

3. If the client refuses, without good cause, to accept available recommended medical treatment, which can reasonably be expected to render him/her able to work or referral to other agencies, as recommended by the IRT, he/she is ineligible. See 60.38 for determination of good cause.

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C. When a Division of Vocational Rehabilitation (DVR) counselor is a member of the IRT, the IRT will evaluate all DVR service denials. If agreement cannot be reached between the team DVR representative and the other members as to the appropriateness of the denial, the decision will be referred to the Regional Administrator and the DVR District Supervisor.

The IRT completes the DSHS 14-118, Incapacity Review Team Decision, noting the decision on incapacity, recommended referrals, or good cause, so appropriate action can be taken. The completed DSHS 14-118 is returned to the incapacity specialist and forwarded to financial services.

60.35 Office of Disability Insurance (ODI) Packet

A. Financial services will refer a client for an ODI disability determinaion when a client:

1. Has a medical need; and

2. Is applying for Limited Casualty Program-Medically Needy (LCP-MN) when he/she:

   a. Is not eligible for foster care, financial assistance, or SSI benefits due to excess income and resources, but

   b. Meets other eligibility criteria for Title XVI (see Manual F, Chapter 31.05).

B. The incapacity specialist will prepare an ODI packet consisting of:

1. DSHS 14-144(X), Transmittal Summary Medical Disability Decision,

2. DSHS 14-50(X), Statement of Education, Employment and Health, including all possible sources of medical information.

3. A DSHS 14-12(X), Authorization to Release Information, signed by the A/R for each physician or hospital provider of medical services noted on the DSHS 14-50(X).

4. All existing medical reports available to the worker from existing records. A new medical examination is not required.

C. One copy of the packet is retained for the service file and the packet containing the originals of DSHS 14-50(X) and DSHS 14-12(X) is mailed to the Office of Disability Insurance, MS LN-11.

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D. When a disability decision is needed for a client grandfathered into the LCP-MN program (see WAC 388-93-005), the ODI packet is prepared according to B. above. Send the packet to the Office of Disability Insurance, MS LN-11.

60.36 SSI Referrals

A. Refer client to SSI when they meet one or more of the following criteria:

1. Medical evidence projects incapacity of twelve months' duration or indicates that the incapacity is of an ongoing nature and likely to be permanent or result in death.

2. A redetermination of incapacity originally diagnosed as temporary finds that the individual continues to be incapacitated after the initial period, or the individual's condition appears to be deteriorating.

3. Incapacity is based on mental retardation.

4. Incapacity is due to mental or emotional illness which is recurrent and appears to be chronic to the degree that the person is regularly unemployed because of the condition.

5. Incapacity is due to alcoholism and diagnosed as having resulted in demonstrable organic damage or when intensive treatment has failed and the individual continues to be incapacitated.

6. The individual is over age fifty and has an incapacitating condition, regardless of the apparent severity of the condition.

7. The individual was previously found ineligible for SSI, but continues to be incapacitated for an extended period of time, or his/her condition appears to be deteriorating.

NOTE: Individuals with acute but temporary incapacities should not be referred to SSI.

B. When the incapacity specialist has determined or the incapacity review team has recommended the applicant/recipient should be referred to SSI, the incapacity specialist will:

1. Notify the client they must cooperate in the referral, unless they have good cause to refuse, or assistance will be terminated. See 60.38 criteria.

2. Obtain signed DSHS 18-235(X), Authorization for Payment of Initial Supplemental Security Income to DSHS. Send original white copy to SSI, yellow copy to the client, and retain the goldenrod copy in the service record. Dispose of the pink copy. (The form will be revised to show this change.)

3. Refer applicant/recipient to SSI by completing the DSHS 11-17(X), Referral for Supplemental Security Income, enclosing a signed DSHS 18-235. Assist the individual in completing the referral by obtaining any medical evidence and social information to be submitted, and providing other services as necessary.

4. Note action on DSHS 2-284(X), record on the DSHS 2-305(X), and code referral to SSI on DSHS 14-159(X).

C. Monitor SSI referral as follows:

1. If you do not have verification the client has applied for SSI within thirty days of the referral, notify the incapacity review team.

2. When the incapacity review team determines the client has failed without good cause to apply for SSI, the client is ineligible for assistance. The IRT will notify the incapacity specialist and financial services of their decision.

3. When the DSHS 11-17 returns verifying the client applied for SSI, call the SSADO Claims Representative to confirm that the client claimed the correct disability or disabilities.

4. Seven days after the date of an SSI application, make contact with the appropriate Office of Disability Insurance (ODI) adjudicator in Olympia, 234-2990, to offer any assistance necessary to facilitate the ODI incapacity determination process.

   a. Request copies of any medical appointment letters from ODI and assist the client in keeping any appointments for consultative exams (CE). Request copies of any resulting medical reports.

   b. Discuss the next CSO incapacity review date with the adjudicator, so that any relevant medical information which ODI has/will have at that time can be sent to the incapacity specialist.

   c. Determine whether advance or presumptive disability/blindness payments have been authorized by the SSADO or ODI. If these payments have been authorized, notify financial services immediately, using the DSHS 14-84, Financial/Social Services Communication, so they can take appropriate action.

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5. Send a copy of the incapacity packet to ODI, including all relevant medical information and a copy of the DSHS 11-17, which contains a release of information by the client.

6. Contact the ODI adjudicator after the medical report is received to determine if any further assistance is required.

7. When a decision has been made on the application, ODI will contact the CSO, then confirm in writing that:

   a. Advance or presumptive disability/blindness payments have been authorized. Notify financial services, so appropriate action can be taken.

   b. The case has been approved (allowance). The incapacity specialist will wait until written notice from SSA is received, prior to taking any action, as some allowances are reversed by SSA.

   c. The case has been denied. ODI will send the incapacity specialist a copy of the rationale for the decision, SSA-834, Disability Determination, and the medical information on which the decision is based.

D. Refer for SSI Reconsideration/Appeal

1. The incapacity specialist will review the medical information upon which the denial is based. Unless the reason for the denial appears irrefutable, the client must file for a reconsideration. Within sixty (60) days of denial, refer the client back to the SSADO to file a SSA 561, Request for Reconsideration. Assist the client to obtain supplemental medical evidence of incapacity, as needed, and file the request for reconsideration with Social Security.

2. If you do not have verification that the client has applied for a reconsideration within thirty days of your referral, notify the incapacity review team.

3. When the incapacity review team determines the client has failed, without good cause, to apply for a reconsideration from SSI, the client is ineligible. The IRT will notify the incapacity specialist and financial services of their decision by the DSHS 14-118.

4. Monitor progress of the reconsideration with the ODI adjudicator. A different adjudicator and doctor are assigned when a case is submitted for reconsideration. Follow the procedures in 60.36 C. 4-7.

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5. Where the reconsideration appears to have been denied inappropriately, the client must file for an appeal. Refer the client back to the SSADO to file a HA 501, Request for Appeal. Assist the client to obtain additional medical information as necessary and file the request for appeal with SSA.

6. If you do not have verification the client has filed for an appeal within thirty days of your referral, notify the incapacity review team.

7. When the incapacity review team determines the client has failed, without good cause, to file an appeal for SSI, the client is ineligible for assistance. The IRT will notify financial services of their decision.

8. Secure legal representation for the client through Legal Services or other resource for legal or paralegal advocacy, as necessary.

9. Monitor progress of appeal with SSADO Claims Representative, attorney, etc.

10. Record service progress on the DSHS 2-305, Service Episode Record, and monitoring on the DSHS 2-284, Incapacity Control Card.

60.37 DVR Referrals

A. Individuals who are legally blind or who suffer progressive disabilities or terminal illness should not be referred to DVR. Referral to SSI and State Services for the Blind is more appropriate (see Section 60.36).

B. Refer to DVR, eligible recipients whose incapacity has resulted in substantial impediment to employment. The following criteria serves as guidelines for referrals:

1. Incapacity has lasted, or is expected to last, in excess of 180 days.

2. Incapacity has significantly impaired recipient's ability to pursue gainful employment.

3. Duration of incapacity can be shortened through vocational rehabilitation.

4. Recipient and incapacity specialist have expressed mutual consent for referral; this includes factors of motivation and cooperation. Consideration must also be given to past work experience--which is useful in forecasting expectation for success.

5. Recipient can be expected to re-enter the local labor force without extraordinary environmental refinements or special life support equipment.

C. When the incapacity specialist has determined (or the Incapacity Review Team has recommended) referral to DVR:

1. Incapacity specialist will refer using DSHS 1-123(X), DVR/CSO Communication Document, attaching a copy of the incapacity packet. Send two copies of the DSHS 1-123(X) to DVR and file one in the service record.

2. Note action on the DSHS 2-284(X), Incapacity Control Card, record on the DSHS 2-305(X), Service Episode Record, and code referral to DVR on the DSHS 14-154(X), Social Services Authorization, and DSHS 14-159, Change of Service Authorization. Use SSPS service code 6011, reason code D.

3. DVR will respond via DSHS 1-123(X), DVR/CSO Communication Document, on copy 1 that:

   An appointment has been set up with the vocational rehabilitation counselor (VRC), the applicant/recipient, and the incapacity specialist in order to plan.

4. DVR will respond via the second copy of DSHS 1-123(X), DVR/CSO Communication Document, indicating:

   a. Client has applied for services and the VR evaluation has begun with the date application was taken and the name of the counselor and telephone number.

   b. If client was a "no show," VRC and incapacity specialist must assess appropriateness of continuing vocational programming.

D. Incapacity specialists will monitor the DVR referral process with the client and will follow-up from the time a copy of the appointment letter is received. When VRC evaluation is concluded and DVR has determined client eligibility for DVR services, a second appointment (follow-up) with the client/recipient and incapacity specialist will be set in order to coordinate case planning with the Individualized Written Rehabilitation Vocational Plan (IWRP) recommended by the counselor. Consideration must be given to the following in order to assess plan appropriateness:

1. IWRPs can be expected to meet goals of rendering a person prepared to re-enter the local job market in the most efficient and timely manner.

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2. IWRPs are compatible with duration and severity of incapacity and address the issue of self-sufficiency or self-support after retraining or education.

Incapacity specialists will be expected to obtain regular progress reports from the VRC throughout the time the client is actively involved with DVR and must report their findings in DSHS 13-15(X), Incapacity Packet Social Summaries, and in their narratives on DSHS 2-305(X), Service Episode Record. If the client is on a waiting list, this will be noted.

E. If the client is denied DVR services, refer to the IRT to determine further necessary actions.

F. A recipient of GA-U who is referred to DVR and refuses to utilize the service without good cause is ineligible per WAC 388-37-050(5). Refer the client to the IRT to determine whether there was good cause for failure to cooperate with DVR.

G. Exceptional circumstances exist when a GA-U recipient is in a vocational rehabilitation program, is progressing toward his or her goal and becomes gainfully employable. Under this circumstance, the incapacity specialist will seek an exception to policy using DSHS 5-10(X), "Policy Exception Request."

H. Record ISP and service progress on the DSHS 2-305(X), Service Episode Record (SER), and the DSHS 2-284(X), Incapacity Control Card.

60.38 IRT Determination of Good Cause

A. When a client refuses to accept available recommended medical treatment or referral to other agencies, the IRT must decide whether there was good cause for the refusal. If good cause is not established, AFDC-R and GA-U must be terminated. Sanctions are also imposed for GA-U, but do not apply to the AFDC program.

B. Good cause for refusal to accept available medical treatment is established when:

1. The individual is genuinely fearful of undergoing recommended treatment. Such fear may appear to be unrealistic or irrational; however, fear exists in such a degree that treatment would be adversely affected; or

2. The individual could lose a faculty, or the remaining use of a faculty he now has, and refuses to accept the risk; or

3. Because of his definitely stated religious scruples, the individual will not accept recommended medical treatment.

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4. The referred treatment includes services which are not paid by the department, and the client is denied access to the treatment due to an inability to pay. In this situation, treatment is considered unavailable. Any treatment requiring a client copayment is considered voluntary.

C. Good cause for refusal to complete a referral to another agency, i.e., SSA, SSI, VA, DVR, is determined on the "prudent person" basis. Failure to keep an appointment made with or by the other agency does not constitute refusal to cooperate when, for example:

1. The individual is ill on the date of the appointment and cancels and reschedules in advance; or

2. The individual does not receive timely notice of the scheduled appointment, or receives no notice at all; or

3. The individual is furnished with incorrect or incomplete information about the time or place of the scheduled appointment; or

4. The individual has a death or serious illness occur in his/her immediate family.

60.39 GA-U Sanctions

A. When good cause for refusal is not established, the client is ineligible for GA-U and assistance is terminated. Once the client reapplies and agrees to cooperate, a sanction period is imposed by the IRT as follows:

1. First refusal - one week;

2. Second refusal within six months of first refusal - one month; and

3. Third and subsequent refusals within one year of first refusal - two months.

4. If the second refusal occurs more than six months after the first refusal, it is considered a first refusal and the time periods begin again.

B. The IRT will complete the DSHS 14-118, Incapacity Review Team Decision, noting the decision on good cause and which refusal it is, so appropriate sanctions can be imposed. Send a copy to the incapacity specialist and to financial services.

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C. When the sanction period coincides with the last month of incapacity, a review notice DSHS 14-217 should also be sent. The client then has the opportunity to reapply during the sanction period, as he or she can during any period of ineligibility, in order to establish continued incapacity.

D. When the client reapplies after the date of termination, then the date of reapplication is presumed to be the date the sanction period begins to run.

E. When the client reapplies prior to the date of termination, the sanction period begins to run the day following the date of termination.

F. Upon reapplication, the incapacity specialist will:

1. Interview the client and document whether the client is now willing to cooperate in recommended available medical treatment or referral to other agencies.

2. Notify financial services of whether or not the client is now willing to cooperate.

G. When the client is sanctioned during a period when incapacity has been established, and reapplies during this period, no new medical evidence is required to establish incapacity. The only time a medical evaluation is required is during the normal continuing incapacity review process.

H. When a client is still receiving assistance prior to imposition of the sanction period, he or she is required to cooperate in all available recommended treatment or referrals to other agencies. In order to maintain continued eligibility for GA-U, a client must continue to cooperate in treatment or referrals. This is true even when he or she has been sanctioned for failure to cooperate, has then agreed to cooperate, but the sanction period has not yet been imposed due to effective date requirements for financial procedures. This could actually result in a client being sanctioned a second time for failure to cooperate prior to imposition of the first sanction. In this case, the sanctions would be applied consecutively.

During the actual sanction period, however, the client is not eligible for assistance and is therefore not required to cooperate.

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60.40 ADDITIONAL SERVICE PROCEDURES

60.41 Additional Requirements

A. To determine whether need for an additional requirement exists, the total case situation shall be taken into account, i.e., the changes which have occurred in health or living conditions, and if the problem is not new, how it was met in the past.

1. The service worker shall complete DSHS 14-154(X), Social Services Authorization, using SSPS service code 6002, summarize pertinent facts that relate to the requested additional requirement in the special instructions section, and route it to financial services for action.

2. The service worker shall record the reasons and supporting facts for the additional requirement in the service record on DSHS 2-305(X), Service Episode Record.

3. The service plan shall include a periodic review of additional requirement needs which include the change in the individual's living arrangements, health, and any other factor which has a bearing on the need for the item. The review shall be conducted at least semi-annually. The worker will establish a tickler system for the review.

B. The service worker may approve additional requirements for continuing financial assistance as follows:

1. Restaurant meals shall be an additional requirement only when:

   a. The individual is physically or mentally unable to prepare any of his/her meals, and

   b. Board, or board and room is not available, or the use of such facilities is not feasible for an individual.

2. Prepared and home delivered meals (meals on wheels) may be available for some financial recipients. Criteria used to approve the service are as follows:

   a. The recipient requires help in preparation of some of his/her meals and would benefit nutritionally or otherwise from home delivered meals.

   b. Such help is not reasonably available without cost to the recipient.

   c. Board (or board and room) is not feasible or possible for the recipient.

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d. It is not possible for the individual to take advantage of congregate meals.

e. When a plan for use of this service is approved by a CSO, the cost standard to be used for the total food requirement of the recipient using the service shall be established by the Office of Program Analysis at CSO request.

3. The cost of food for a guide dog shall be an additional requirement when an applicant/recipient of SSI or an assistance grant has a guide dog assigned to him/her by an accredited guide dog organization.

4. Telephone service is an additional requirement only when the lack of a telephone would endanger the client's life or make a more expensive type of care necessary.

5. Laundry is an additional requirement when:

a. The applicant or recipient is physically unable to do the laundry, and

b. No one else is able to perform this service for him/her.

60.42 Protective Payments

A. A protective payee is a person designated by the department and/or the recipient to be the payee for a grant. Financial services may request social services to establish a protective payee in the following situations:

1. An individual is unable to manage funds; or

2. An individual is in sanction because of failure to participate in WIN or failure or refusal to cooperate with OSE.

B. Selection Procedures

1. For mismanagement of funds, refer to procedures in chapter 44.34 and use SSPS code 4402.

2. Use the following procedures for OSE or WIN sanctioned cases and SSPS code 6001.

a. Sanction status is determined:

(1) By WIN when an individual certified to WIN refuses without good cause to participate or to accept a bona fide offer of employment. The CSO must then delete the person's needs from the grant and attempt to provide a protective payee when the sanctioned individual is also the grant payee.

(2) By OSE if the parent or other caretaker relative fails or refuses to cooperate with the Office of Support Enforcement or other agencies in obtaining support payments. Assistance is provided to meet the requirements of the otherwise eligible child(ren) in the form of protective or vendor payments.

b. The selection of the protective payee is preferably made by the recipient or with his or her participation and consent to the extent possible.

c. To avoid conflict of interest, the protective payee may not be:

(1) The CSO administrator, special investigative or resource staff, or staff handling fiscal processes related to the recipient;

(2) The parent/caretaker relative or the spouse of the parent/caretaker relative;

(3) A vendor of goods and services dealing directly to the recipient, such as landlord, nursing home operator, operator of social care facility, or grocer.

d. The social service supervisor or CSO Administrator makes the decision to establish a protective payment upon recommendation by the caseworker. If the CSO is unable to locate an appropriate protective payee according to the above guidelines, the CSO may opt to authorize assistance directly to the sanctioned individual or to the payee of his or her grant, while still removing the sanctioned individual's needs from the grant.

C. Protective Payee Responsibilities

1. The protective payee has the authority and responsibility to make decisions about the expenditure of assistance payments.

a. The payee has responsibility for assuring the department that the assistance is spent on behalf of the recipient. An itemized account is not required, but a record of expenditures for the basic needs of food, shelter, clothing, and utilities shall be maintained and kept current for review.

b. Criteria for expenditure of funds is:

(1) Disposition of funds must be made first to assure shelter costs, food, clothing, and necessary utilities for the children.

(2) There is no proration of payments for the parent/caretaker relative's share of common household expenses.

(3) Payments for the requirements of the children cannot be used to meet the individual requirements of the parent(s) or caretaker relative.

c. The protective payee may not be qualified as the primary source of information regarding eligibility. His or her authority extends only to the grants received and not to the other financial affairs of the recipient. In making a review, the CSO must continue to consult the recipient.

2. The CSO must provide the recipient and payee a written agreement on the respective roles of the protective payee and the department. Copies of the agreement are furnished to the payee and the recipient, and a copy retained in the social service case record.

3. The manner in which the protective payee performs must be reviewed at least every three months and the caretaker relative's circumstances reviewed as frequently as indicated.

60.43 Cooperation With Office of Support Enforcement (OSE)

A. Social services will receive a DSHS 14-84(X), Financial/Social Services Communication, from financial services requesting an evaluation when an A/R of AFDC has claimed good cause for refusing to cooperate with OSE in obtaining child support from an absent parent(s). CSO service worker will evaluate each such claim.

B. Social services must respond to the request by the due date noted on the top of the form by the control clerk. The date will be fifteen calendar days from the receipt of the referral by the control clerk.

C. The social service worker will interview the A/R and determine whether cooperation in establishing paternity and/or securing support is against the best interest of the child. This decison can be made only if the client's cooperation is reasonably anticipated to result in:

1. Serious physical or emotional harm to the child for whom support is to be sought; or

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2. Serious physical or emotional harm to the parent or caretaker relative with whom the child is living which reduces the parent or caretaker relative's capacity to care for the child adequately; or

3. At least one of the following circumstances exist, and the CSO service worker believes that because of the existence of that circumstance, proceeding to establish paternity or secure support would be detrimental to the child for whom support will be sought:

   a. The child for whom support is sought was conceived as a result of incest or forcible rape;

   b. Legal proceedings for the adoption of the child are pending before a superior court; or

   c. The client is currently being assisted by a public or licensed child-placing agency in resolving the issue of whether to keep the child or relinquish it for adoption, and discussions have not gone on for more than three months.

D. Acceptable evidence upon which the service worker will base the determination of good cause, without further investigation, is limited to the following documents:

1. Medical or law enforcement records, birth certificates, or other legal documents which indicate that the child was conceived as a result of incest or forcible rape;

2. Court documents or other records which indicate that legal proceedings for adoption are pending before a superior court;

3. Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the alleged father or absent parent might inflict physical or emotional harm on the child or parent or caretaker relative; or written documentation that emotional/physical abuse as a result of domestic violence exists.

4. Medical records which indicate emotional health history and present emotional health status, or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of the parent or caretaker relative or the child for whom support would be sought. The recommendation of the mental health professional, or the indication of the medical records, must be that cooperation of the parent or caretaker relative would not be in the best interest of the child.

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5. A written statement, which includes the dates of counseling, from a public or licensed child-placing agency that the client is being assisted by that agency in resolving the issue of whether to keep the child or relinquish it for adoption.

6. Such other elements as Health and Human Services may, by appropriate issuance, determine/constitute acceptable evidence.

7. A no-contact order per RCW 10.99.040(2), Duties of Court in Domestic Violence Actions, is in effect.

E. Upon request, the CSO will assist the client in obtaining copies of the required documents, when possible.

F. If the client cannot present acceptable evidence as outlined above and still wishes to claim good cause, he/she must provide information which will enable the service worker to conduct an investigation regarding the circumstances of the claim. A determination that good cause exists may be based on any verifying information acceptable to the CSO social service staff. During the investigation, the CSO:

1. Shall not contact the absent parent or alleged father for whom support would be sought unless such contact is determined to be necessary to establish the good cause claim; and

2. Prior to making such necessary contact, the service worker shall notify the client by certified mail and give him/her the opportunity to:

   a. Present additional evidence or information so that contact with the absent parent or alleged father becomes unnecessary, or

   b. Withdraw the application for assistance, or

   c. Request a fair hearing.

G. For every good cause determination which is based in whole or in part upon the anticipation of emotional harm to the child, the custodial parent, or the caretaker relative, the service worker shall consider and document findings regarding the following factors:

1. The present emotional state of the individual subject to emotional harm;

2. The emotional health history of the individual subject to emotional harm;

3. The intensity and probable duration of emotional upset;

4. The degree of cooperation to be required; and

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5. The extent of involvement of the child in the paternity establishment or support enforcement activity to be undertaken.

H. The service worker will forward a copy of the findings to OSE on DSHS 14-84(X) prior to sending a letter to the client about the findings to provide OSE the opportunity to review and comment on the findings and basis for the proposed determination;

1. The CSO must consider any recommendation from OSE and provide OSE the opportunity to participate in any hearing that results in the A/R appeal of any determination based on a good cause claim.

2. OSE collection history may aid in determining the validity of a recipient's claim.

I. The final determination by the service worker that good cause does or does not exist will be in writing to the client and contain:

1. The CSO's findings.

2. The basis for determination.

3. The client's right to request a fair hearing in response to this decision.

4. The option for the client to withdraw his/her application or terminate his/her assistance.

a. These findings shall be entered on the DSHS 14-84(X) or on a DSHS 2-306(X), Communication Referral (C/R), and forwarded to the control clerk, with a carbon copy of the client notification.

b. The control clerk will clear the control log and forward the DSHS 14-84(X) or DSHS 2-306(X) to the appropriate financial worker.

J. Form SSA 4681, Case Report on Claim of Good Cause for Refusing to Cooperate in Establishing Paternity and Securing Child Support, is to be completed for each good cause claim. Forward the lower portion (deleting the identifying information about the client) to Data Support and Analysis Section, OB-34F, as they are completed.

K. When a financial eligibility review is due on a case currently determined to have good cause for noncooperation, social services will be notified to review the earlier good cause determination. This referral is subject to the same controls, evaluation criteria, and reporting criteria as an applicant's referral.

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1. When the good cause review is completed, if it is determined that good cause for noncooperation no longer exists, the CSO will rescind its decision and require cooperation.

2. Collection efforts will be suspended during the review of a recipient's claim of good cause for noncooperation.

3. In any case in which social services determines that good cause does not or no longer exists, the client will be notified of the CSO findings and be given an opportunity to appeal this decision, to withdraw the application, or terminate his/her assistance.

L. On cases in which the CSO control indicates an overdue decision from social services, a reminder should be sent to the supervisors of the appropriate social service and financial units. Immediate action is required as a good cause evaluation must be completed within thirty days of the referral.

M. If parent or caretaker fails or refuses to cooperate when good cause does not or no longer exists and OSE or financial staff determines a protective payee is necessary, the service worker may be involved in the selection of the payee. The CSO administrator determines who will recruit the payee. (See 60.42 for protective payee procedures.)

N. Use SSPS Code 6001, reason code C for good cause determinations.

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
ADAMS COUNTY		
ADAMS COUNTY COMMUNITY COUNSELING SERVICES 165 NORTH FIRST OTHELLO, WA 99344 (509) 488-5162 SCAN 8-537-1238 ALAN HANKS, ADMINISTRATOR OUTREACH OFFICE - RITZVILLE	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
ASOTIN COUNTY		
VALLEY THERAPEUTIC SERVICES BRANCH FACILITY OF WESTERN CONSORTIUM FOR HUMAN SERVICES 1231 HIGHLAND AVENUE CLARKSTON, WA 99403 MAILING ADDRESS: P.O. BOX 437 CLARKSTON, WA 99403 (509) 758-9591 SCAN 8-545-2786 JOHN KARLSON, EXECUTIVE DIRECTOR	DWI ASSESSMENT SERVICE OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL	
ASOTIN COUNTY MH CTR. ASSOC. 900 7TH STREET CLARKSTON, WA. 99403 (509) 758-3341 RICHARD B. GALLAHER, JR., EXECUTIVE DIRECTOR		OUTPATIENT DRUG-FREE
BENTON COUNTY		
BENTON-FRANKLIN ALCOHOLISM PROGRAM BIG PASCO INDUSTRIAL PARK, BUILDING T-180 PASCO, WA 99301 MAILING ADDRESS: P.O. BOX 607 PASCO, WA 99301 (509) 545-0855 SCAN 8-526-2345 JENA WELLS, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
BENTON-FRANKLIN DETOXIFICATION CTR. BRANCH FACILITY OF BENTON-FRANKLIN ALC. PROGRAM 1020 SOUTH 7TH AVENUE PASCO, WA 99301 MAILING ADDRESS: POST OFFICE BOX 607 PASCO, WA 99301 (509) 547-9000 MARGARET GORDON, PROGRAM MANAGER	DETOX SERVICES	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
BENTON COUNTY		
COMPREHENSIVE ALCOHOL PROGRAM 5219 W. CLEARWATER, SUITE 9 KENNEWICK, WA 99336 (509) 735-1191 ERNIE GARCIA, ADMINISTRATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	
MID-COLUMBIA MENTAL HEALTH 1175 GRIBBLE RICHLAND, WA 99352 (509) 943-9104, SCAN 8-526-2219, SCAN 8-526-2258 SUE DALEY, PROGRAM COORDINATOR		METHADONE TREATMENT OUTPATIENT DRUG-FREE
PSYCHOLOGICAL CONSULTANTS 660 GEORGE WASHINGTON WAY RICHLAND, WA. 99352 (509) 946-9613 NAUGHNE L. BOYD, PH.D., EXECUTIVE DIRECTOR		OUTPATIENT DRUG-FREE
TRI-CITIES ALCOHOL TREATMENT CENTER 1350 GRANDRIDGE BOULEVARD, SUITE 200 KENNEWICK, WA 99336 (509) 735-6347 KRIS ARMSTRONG, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
CHELAN COUNTY		
CHELAN COUNTY DISTRICT COURT PROBATION DEPT. 415 WASHINGTON STREET, #210 WENATCHEE, WA 98801 (509) 664-5239 D. OGDEN LARIMER, CHIEF PROBATION OFFICER	DWI ASSESSMENT SERVICE	
CHELAN-DOUGLAS ALCOHOLISM SERVICES ASSOCIATION 327 OKANOGAN WENATCHEE, WA 98801 MAILING ADDRESS: P.O. BOX 950 WENATCHEE, WA 98801 (509) 662-9673, SCAN 8-565-1490, CRISIS LINE (509) 662-0460 LOUIS BARRIER, EXECUTIVE DIRECTOR OUTREACH OFFICE - CHELAN	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DETOX SERVICES REC. HOUSE EXT. CARE RECOVERY HOUSE DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
CLALLAM COUNTY		
CLARK'S COUNSELING 934 1/2 CAROLINE PORT ANGELES, WA 98362 (206) 452-4791 GARETH CLARK, ADMINISTRATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
NORTH OLYMPIC COUNSELING SERVICES 223 EAST 4TH, CLALLAM COUNTY COURTHOUSE PORT ANGELES, WA 98362 (206) 452-2381 SCAN 8-632-1251 TED SWIGART, DIRECTOR OUTREACH OFFICE - SEQUIM OUTREACH OFFICE - JOYCE	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
PENINSULA COUNSELING CENTER, INC. 603 EAST 8TH STREET, SUITE 4 PORT ANGELES, WA 98362 (206) 457-0431 DON ZANON, EXECUTIVE DIRECTOR; DR. GARY CARLSON, PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE
WEST-END OUTREACH SERVICES FORKS COMMUNITY HOSPITAL RR#3, BOX 3575 FORKS, WA 98331 (206) 374-6177 SCAN 8-737-1219 MARTIN HEMMANN, DIRECTOR OUTREACH OFFICE - CLALLAM BAY OUTREACH OFFICE - LAPUSH OUTREACH OFFICE - NEAH BAY OUTREACH OFFICE - QUEETS/CLEARWATER	ALCOHOL INFO SCHOOL OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
CLARK COUNTY		
CLARK COUNTY COUNCIL ON ALCOHOLISM JOHN OWEN RECOVERY HOUSE 1950 FORT VANCOUVER WAY VANCOUVER, WA 98668 MAILING ADDRESS: P.O. BOX 1678 VANCOUVER, WA 98668 (206) 696-1631 SCAN 8-476-6286 DON MORRIS, EXECUTIVE DIRECTOR	DETOX SERVICES RECOVERY HOUSE ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE OUTPATIENT - ALCOHOL	RESIDENTIAL DETOX OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
CLARK COUNTY		
CLARK COUNTY PROBATION SERVICES 703 WEST 15TH STREET VANCOUVER, WA 98668 (206) 699-2342 JANN HUTCHISON	DWI ASSESSMENT SERVICE	
INTENSIVE INPATIENT TREATMENT PROGRAM BRANCH FACILITY OF ST. JOSEPH COMMUNITY HOSPITAL (CLARK CO.) 116 EAST 33RD STREET VANCOUVER, WA 98668 MAILING ADDRESS: P.O. BOX 1600 VANCOUVER, WA 98668 (206) 699-4443 DUANE STONELAKE, ADMINISTRATOR	INTENSIVE INPATIENT DETOX SERVICES	
NURI INSTITUTE - BRIGHTEN CENTER BRANCH FACILITY OF NURI INSTITUTE(KLICKITAT COUNTY) 2008 BROADWAY VANCOUVER, WA 98668 MAILING ADDRESS: P.O. BOX 194 WHITE SALMON, WA 98672 (206) 696-2283 CHARLES REGETS AND JAY D. STEELE, DIRECTORS	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
ST. JOSEPH COMMUNITY HOSPITAL ALCOHOLISM TREATMENT CENTER 600 N.E. 92ND AVENUE VANCOUVER, WA 98668 MAILING ADDRESS: P.O. BOX 1600 VANCOUVER, WA 98668 (206) 256-2170 DENNIS W. MALMER, TREATMENT DIRECTOR	OUTPATIENT - ALCOHOL	
SQUARE ONE BRANCH FACILITY OF SQUARE ONE (KING CO.) 1010 WASHINGTON STREET VANCOUVER, WA 98660 (206) 696-3307/3309	DWI ASSESSMENT SERVICE OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
CLARK COUNTY		
SWARF ALCOHOL AND DRUG PROGRAMS 1104 MAIN ST., SUITE 100 VANCOUVER, WA 98660 (206) 693-4975 WILLIAM J. STREUR, EXECUTIVE DIRECTOR		
SWARF INPATIENT CENTER BRANCH FACILITY OF SWARF ALCOHOL AND DRUG PROGRAMS (CLARK CO.) V.A. MEDICAL CENTER, WARDS 16-20 VANCOUVER, WA MAILING ADDRESS: P.O. BOX 1738 VANCOUVER, WA 98668-1738 (206) 696-1659 SCAN 8-476-6346 ROY PRESTON, PROGRAM DIRECTOR	INTENSIVE INPATIENT DWI ASSESSMENT SERVICE	
SWARF OUTPATIENT CENTER BRANCH FACILITY OF SWARF ALCOHOL AND DRUG PROGRAMS (CLARK CO.) 2703 MILL PLAIN BLVD. VANCOUVER, WA 98668 (206) 695-1297 DENNY DIMMITT, PROGRAM DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
VETERANS ADMINSTRATION MEDICAL CENTER ALCOHOL AND DRUG DEPENDENCE TREATMENT SECTION O STREET AND 4TH PLAIN VANCOUVER, WA 98661 MAILING ADDRESS: 3710 S.W. U.S. VETERANS HOSPITAL ROAD PORTLAND, OR 97201 (206) 696-4061, EXT. 501 DR. LYLE KOFOED, PSYCHIATRIST	INTENSIVE INPATIENT	
COLUMBIA COUNTY		
COLUMBIA COUNTY SERVICES 213 WEST CLAY DAYTON, WA 99328 (509) 382-2525 KAREN TODD, COORDINATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
:OWLITZ COUNTY		
DRUG ABUSE PREVENTION CENTER 2112 SOUTH KELSO DRIVE KELSO, WA 98626 (206) 636-1050 LES BERKENMEIER, PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE RESIDENTIAL
LOWER COLUMBIA COUNCIL ON ALCOHOLISM 1260 COMMERCE, SUITE 213 LONGVIEW, WA 98632 (206) 577-2216 SCAN 8-239-2216 RON SCHAUER, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
MONTICELLO MEDICAL CENTER CAREUNIT 600 BROADWAY LONGVIEW, WA 98632 MAILING ADDRESS: P.O. BOX 638 LONGVIEW, WA 98632 (206) 577-6955 ROBERT NELSON, PROGRAM MANAGER	DETOX SERVICES INTENSIVE INPATIENT	
SUR CREST (SCOAP) ALCOHOL/POLY-DRUG PROGRAM MONTICELLO HOTEL, SUITE 311 LONGVIEW, WA 98632 (206) 423-1529 AIMEE R. BLISS, EXECUTIVE DIRECTOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
SWARF OUTPATIENT CENTER BRANCH FACILITY OF SWARF ALCOHOL AND DRUG PROGRAMS (CLARK CO.) 1127 BROADWAY LONGVIEW, WA 98632 (206) 425-1914 JANIS GREEN, PROGRAM DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
DOUGLAS COUNTY		
SEE CHELAN COUNTY		
FERRY COUNTY		
FERRY COUNTY COMMUNITY SERVICES KLONDIKE PLAZA, CLARK STREET REPUBLIC, WA 99166 MAILING ADDRESS: P.O. BOX 443 REPUBLIC, WA 99166 (509) 775-3341 SCAN 8-545-2716 ROBERT DAVIDO, ADMINISTRATOR OUTREACH OFFICE - CURLEW OUTREACH OFFICE - INCHELIUM OUTREACH OFFICE - ORIENT	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
FRANKLIN COUNTY		
SEE BENTON COUNTY		
GARFIELD COUNTY		
WESTERN CONSORTIUM FOR HUMAN SERVICES 856 MAIN STREET POMEROY, WA 99347 MAILING ADDRESS: P.O. BOX 758 POMEROY, WA 99347 (509) 843-3791 JOHN KARLSON, EXECUTIVE DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
GRANT COUNTY		
GRANT COUNTY ALCOHOLISM PROGRAMS 1008 WEST IVY AVENUE MOSES LAKE, WA 98837 MAILING ADDRESS: P.O. BOX 1217 MOSES LAKE, WA 98837 (509) 765-5402 SCAN 8-282-2277 MIKE BUCHANAN, ADMINISTRATOR OUTREACH OFFICE - QUINCY OUTREACH OFFICE - GRAND COULEE OUTREACH OFFICE - EPHRATA	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
GRANT COUNTY		
GRANT COUNTY MENTAL HEALTH & FAMILY SERVICES CENTER MOSES LAKE, WA 98837 MAILING ADDRESS: P.O. BOX 1057 MOSES LAKE, WA 98837 (509) 765-9239 SCAN 8-282-2283		OUTPATIENT DRUG-FREE
GRANT COUNTY MENTAL HEALTH & FAMILY SVC CNTER ADMINISTRATIV P.O. BOX 1216 EPHRATA, WA 98823 (509) 754-2011 SCAN 8-551-1445 GARY FAUCETTE, COORDINATOR OUTREACH OFFICE - GRAND COULEE		OUTPATIENT DRUG-FREE
GRAYS HARBOR COUNTY		
GRAYS HARBOR ADULT PROBATION SERVICES 2109 SUMNER AVENUE, ROOM 201-A ABERDEEN, WA 98520 (206) 532-0164 DALE DEWEY	DWI ASSESSMENT SERVICE	
GRAYS HARBOR COMMUNITY ALCOHOLISM CENTER (KAIROS) 100 SOUTH I STREET, SUITE 203 ABERDEEN, WA 98520 (206) 533-4940 SCAN 8-325-1252 RON BELL, EXECUTIVE DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
KAIROS DETOXIFICATION AND RECOVERY HOUSE BRANCH FACILITY OF GRAYS HARBOR COMMUNITY ALCOHOLISM CENTER 611 EIGHTH STREET HOQUIAM, WA 98550 MAILING ADDRESS: 100 SOUTH I STREET, SUITE 203 ABERDEEN, WA 98520 (206) 533-2529	DETOX SERVICES RECOVERY HOUSE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
GRAYS HARBOR COUNTY		
ST. JOSEPH'S HOSPITAL CAREUNIT 1006 NORTH "H" STREET ABERDEEN, WA 98520 (206) 533-0450 MARY KAY STANDISH, PROGRAM MANAGER	DETOX SERVICES INTENSIVE INPATIENT	
YOUTH HELP OF GRAYS HARBOR 510 1/2 EIGHTH STREET HOQUIAM, WA 98550 (206) 533-7500 JUDY SEABERT, EXECUTIVE DIRECTOR		OUTPATIENT DRUG-FREE PRIMARILY YOUTH
ISLAND COUNTY		
HERBERT JOHNSON CLINIC 5055 - 50TH STREET NORTHWEST OAK HARBOR, WA 98277 (206) 679-3806 HERBERT JOHNSON, DIRECTOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	
CAMANO-WHIDBEY ALC. SVCS. 404 SOUTH MAIN STREET COUPEVILLE, WA 98239 (206) 678-4005 SCAN 8-542-1506 FRANK VANLANDINGHAM, ADMINISTRATOR OUTREACH OFFICE - LANGLEY OUTREACH OFFICE - CAMANO ISLAND	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
ISLAND COUNTY MENTAL HEALTH CENTER 904 MAIN STREET COUPEVILLE, WA 98227 MAILING ADDRESS: POST OFFICE BOX 160 COUPEVILLE, WA 98239 (206) 678-5555 DAVID CELIO, EXECUTIVE DIRECTOR; PHIL DEMICIO, PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
ISLAND COUNTY		
WHIDBEY ISLAND NAVAL AIR STATION COUNSELING AND ASSISTANCE CENTER OAK HARBOR, WA 98278 (206) 257-2394 LT. FRANK BAKER, OFFICER IN CHARGE	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
JEFFERSON COUNTY		
COMMUNITY ALCOHOLISM/DRUG ABUSE CENTER 802 SHERIDAN, MS 115 PORT TOWNSEND, WA 98368 (206) 385-0650 SCAN 8-632-1257 CHESTER J. PRUDHOMME, PROGRAM DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
HALCYON HOUSE 14 EAST FREMONT QUILCENE, WA 98376 MAILING ADDRESS: P.O. BOX 481 QUILCENE, WA 98376 (206) 765-3421, (206) 765-3411 JANET RYAN, ADMINISTRATOR	RECOVERY HOUSE	
KING COUNTY		
ALCOHOL AND DRUG 24-HOUR HELPLINE CRISIS LINE: (206) 722-3700, TOLL FREE 1-800-562-1240 MAILING ADDRESS: 3700 RAINIER AVENUE SOUTH, SUITE B SEATTLE, WA 98144 BUSINESS: (206) 722-3703, SCAN 8-339-4327 ANN FORBES, DIRECTOR	INFO & REFERRAL - TELEPHONE	
ALTERNATIVES 1818 WESTLAKE NORTH, SUITE 106B SEATTLE, WA 98109 (206) 282-4161 RICHARD SILVER, ADMINISTRATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
KING COUNTY		
AMANNA ALCOHOLISM SERVICES 300 - 120TH AVE. NE., SUITE 240, BLDG. 1 BELLEVUE, WA 98005 (206) 453-1464 JAMES LUARK, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
AUBURN YOUTH RESOURCES 117 D STREET SE AUBURN, WA 98002 (206) 939-2202 RICHARD BRUGGER, EXECUTIVE DIRECTOR		OUTPATIENT DRUG-FREE PRIMARILY YOUTH
BALLARD COMMUNITY HOSPITAL CAREUNIT 5409 BARNES AVENUE N.W. SEATTLE, WA 98107 (206) 789-7209 ED HUNT, ADMINISTRATOR	DETOX SERVICES INTENSIVE INPATIENT	
BELLEVUE PROBATION DIVISION 655 - 120TH AVE. NE BELLEVUE, WA 90012 MAILING ADDRESS: P.O. BOX 98009 BELLEVUE, WA 98009-9013 (206) 455-6956 TONY SCHOCK, CHIEF PROBATION COUNSELOR	DWI ASSESSMENT SERVICE	
C & M COUNSELING AND CONSULTANT SERVICES 2366 EASTLAKE AVENUE EAST, SUITE 428 SEATTLE, WA 98102 (206) 323-3699 GEORGE E. CLARK, LAURIE K. MARUM, DIRECTORS		OUTPATIENT DRUG-FREE
C.A.R. INSTITUTE 222 WILLIAMS AVENUE SOUTH RENTON, WA 98055 (206) 255-7614, (206) 255-7616 RITA BINGHAM, DIRECTOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SAINT CABRINI RECOVERY PROGRAM SAINT CABRINI HOSPITAL 920 TERRY AVENUE SEATTLE, WA 98104 (206) 583-4344 BRENDAN J. COLEMAN, DIRECTOR	INTENSIVE INPATIENT DWI ASSESSMENT SERVICE	
CAREUNIT HOSPITAL OF KIRKLAND (ALCENAS HOSPITAL) 10322 NE 132ND STREET KIRKLAND, WA 98034 MAILING ADDRESS: POST OFFICE BOX 480 KIRKLAND, WA 98083 (206) 821-1122 DENNIS HARRINGTON, ADMINISTRATOR	DETOX SERVICES INTENSIVE INPATIENT	RESIDENTIAL
CAREY-JUSTICE ASSOCIATES 1207 N. 200TH STREET, SUITE 212 SEATTLE, WA 98133 (206) 542-1136 JAMES CAREY, ADMINISTRATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	OUTPATIENT DRUG-FREE
CASE SERVICES, INC. 105 SO. MAIN STREET, SUITE 325 SEATTLE, WA 98104 MAILING ADDRESS: POST OFFICE BOX 4295 SEATTLE, WA 98104 (206) 467-7964 RONALD FIELD, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
CENTER FOR ADDICTION SERVICES 120 23RD EAST SEATTLE, WA 98112 (206) 323-0930 NORM JOHNSON, PROGRAM DIRECTOR		METHADONE TREATMENT METHADONE DETOX

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

KING COUNTY	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
CENTER FOR HUMAN SERVICES 17011 MERIDIAN AVENUE NORTH SEATTLE, WA 98133 (206) 546-2411 JULIE BURR, EXECUTIVE DIRECTOR, LISA GOLDBERG, DRUG/ALCOHOL PROG. COORD.		OUTPATIENT DRUG-FREE
CENTRAL AREA COMMUNITY ALCOHOLISM CENTER 340 - 15TH AVENUE EAST, SUITE 301 SEATTLE, WA 98112 (206)322-2970, SCAN 8-576-6929 MIKE TRETTON, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
CENTRAL AREA MENTAL HEALTH CENTER 2200 RAINIER AVENUE SOUTH SEATTLE, WA 98144 (206) 329-1751 JAIME DUYUNGAN, EXECUTIVE DIRECTOR		OUTPATIENT DRUG-FREE
CHEMICAL DEPENDENCY PROGRAM 1207 PINE STREET SEATTLE, WA 98101 (206) 682-4695 BRENDA WEATHERS, EXECUTIVE DIRECTOR	OUTPATIENT - ALCOHOL	OUTPATIENT DRUG-FREE
CHINOOK CENTER 1800 WESTLAKE AVENUE NORTH, SUITE 201 SEATTLE, WA 98109 (206) 282-9991 CAROL BINDER, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
CHOICE 2448 - 76TH AVENUE SOUTHEAST, SUITE 203 MERCER ISLAND, WA 98040 (206) 232-4330 JOAN HARDER, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

KING COUNTY

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
COMMUNITY PSYCHIATRIC CLINIC 4319 STONEWAY NORTH SEATTLE, WA 98103 (206) 447-3614 HELEN SCHWEDENBERG, EXEC DIR., D'ANNE BISSELL, PROG. DIR.		OUTPATIENT DRUG-FREE
COMPREHENSIVE ALCOHOL SERVICES 2450 STAR LAKE ROAD AUBURN, WA 98002 (206) 941-3677 JAMES THEROU, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
CONQUEST CENTER - WOMEN'S RESIDENCE BRANCH FACILITY OF CONQUEST CENTER (SNOHOMISH CO.) 19204 15TH AVENUE SEATTLE, WA 98155 GERARD SANDERS, PROGRAM DIRECTOR		RESIDENTIAL
CONSEJO COUNSELING AND REFERRAL 3808 SOUTH ANGELINE SEATTLE, WA 98118 (206) 721-0800 JORGE CHACON, EXECUTIVE DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
COUNTER BALANCE PROGRAM DENNY-FAIRVIEW CENTER 1000 VIRGINIA STREET SEATTLE, WA 98101 (206) 623-2174 FRITZ ZABAWA, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL	
DELL CRAIG THERAPISTS, INC. MARINA PROFESSIONAL CENTER 22030 - 7TH AVENUE SOUTH DES MOINES, WA 98188 (206) 824-9273 DELL CRAIG, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

KING COUNTY

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
EASTSIDE ALCOHOL CENTER 606 - 120TH AVENUE NORTHEAST; SUITE 204 BELLEVUE, WA 98005 (206) 454-1505, SCAN 8-658-7150 DONALD MCCAMBRIDGE, EXECUTIVE DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
EVERGREEN TREATMENT SERVICES 557 ROY STREET SEATTLE, WA 98109 (206) 282-2959 RON JACKSON, PROGRAM DIRECTOR		METHADONE TREATMENT METHADONE DETOX
FEDERAL WAY COUNSELING SERVICES 32700 PACIFIC HIGHWAY SO., SUITE 11 FEDERAL WAY, WA 98002 (206) 874-4443 SHERRY ANDERSON, ADMINISTRATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	
FEDERAL WAY YOUTH SERVICES 31101 - 18TH AVE. SO. FEDERAL WAY, WA 98003 (206) 839-6555 ELLA CLARKE, EXECUTIVE DIRECTOR		OUTPATIENT DRUG-FREE
FIRST STEP CAREUNIT CLINIC OF WASHINGTON 14400 BEL-RED ROAD, #204 BELLEVUE, WA 98007 (206) 746-3888 KENNETH D. STARK, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
FIRST STEP BRANCH FACILITY OF CAREUNIT CLINIC OF WASHINGTON 12063 - 15TH AVENUE NORTHEAST SEATTLE, WA 98125 (206) 363-0031 KENNETH STARK, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
KING COUNTY		
GENESIS HOUSE 4508 16TH AVENUE NORTHEAST SEATTLE, WA 98105 MAILING ADDRESS: POST OFFICE BOX 95115 SEATTLE, WA 98105 (206) 524-6767 JEFF BOTT, PROGRAM DIRECTOR		RESIDENTIAL
GROUP HEALTH ADAPT (EASTSIDE) 2661 BEL-RED ROADNNEX #5 BELLEVUE, WA 98008 (206) 885-9492 JOHN ROGERS, SENIOR COUNSELOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	
GROUP HEALTH COOPERATIVE ALCOHOL AND DRUG ABUSE UNIT 1600 EAST JOHN, ANNEX #5 SEATTLE, WA 98112 (206) 326-7057 LISA ROMNELL, CLINICAL MANAGER, IRIS DEL TORO, M.D. MEDICAL DIRECTOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	
HIGHLINE WEST SEATTLE MENTAL HEALTH CENTER 10015 - 28TH AVENUE SOUTHWEST SEATTLE, WA 98146 (206) 241-0990 CLIFFORD BARDA, EXECUTIVE DIRECTOR		OUTPATIENT DRUG-FREE
HIGHLINE YOUTH SERVICE BUREAU 156TH AND DES MOINES WAY SOUTH SEATTLE, WA 98166 MAILING ADDRESS: POST OFFICE BOX 66086 SEATTLE, WA 98166 (206) 243-5544 MELINDA LEONARD, DIRECTOR		OUTPATIENT DRUG-FREE PRIMARILY YOUTH

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
KING COUNTY		
INTERCEPT ASSOCIATES 30620 PACIFIC HIGHWAY SOUTH, SUITE 108 FEDERAL WAY, WA 98003 (206) 941-7555 RICK BIALOCK, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
KENT VALLEY YOUTH SERVICES 525 NORTH 4TH, KENT COMMONS KENT, WA 98031 (206) 872-3550 LINDA DORSETT, PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE PRIMARILY YOUTH
KING COUNTY DISTRICT COURT PROBATION SVC. DIV. E-310 KING COUNTY COURTHOUSE 516 3RD AVENUE SEATTLE, WA 98104 (206) 344-3897 WILLIAM D. COBB	DWI ASSESSMENT SERVICE	
KING CO. DIVISION OF ALCOHOLISM & SUBSTANCE ABUSE SVCS. 1008 SMITH TOWER BUILDING SEATTLE, WA 98104 (206) 344-7615, SCAN 8-378-7615 PHILIP W. SHOWSTEAD, MANAGER		
KING COUNTY ALCOHOLISM TREATMENT FACILITY BRANCH FACILITY OF KING CO. DIV. OF ALCOHOLISM & SUBSTANCE ABUSE SVCS 1421 MINOR AVENUE SEATTLE, WA 98101 (206) 587-0161, SCAN 8-576-7588 GENE UNO, ADMINISTRATOR	DETOX SERVICES	RESIDENTIAL DETOX
KING COUNTY INTENSIVE CARE AT CEDAR HILLS 15900 227TH AVENUE SOUTHEAST MAPLE VALLEY, WA 98038 (206) 392-9159, SCAN 8-576-6479 JUDY MATSON, ACTING ADMINISTRATOR	INTENSIVE INPATIENT	RESIDENTIAL

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
KING COUNTY		
KING COUNTY EMERGENCY SERVICE PATROL BRANCH FACILITY OF KING CO. DIV. OF ALCOHOLISM & SUBSTANCE ABUSE SVCS 1008 SMITH TOWER SEATTLE, WA 98104 INFO: (206) 344-7615, SCAN 8-378-7615; SERVICE: DIAL 911 DUTCH SHISLER, SUPERVISOR	EMERGENCY SVC. PATROL	
KING COUNTY EXTENDED CARE UNIT AT CEDAR HILLS 16200 227TH AVENUE SOUTHEAST MAPLE VALLEY, WA 98038 (206) 392-9467, SCAN 8-658-7179 JUDY MATSON, ADMINISTRATOR	REC. HOUSE EXT. CARE	
MENTAL HEALTH NORTH 10510 MERIDIAN AVENUE NORTH SEATTLE, WA 98133 (206) 365-5550 ALBERT CASALE, EXEC. DIR.; CARL GADDIS, DRUG ABUSE CONTACT		OUTPATIENT DRUG-FREE
MILAM RECOVERY CENTER 14500 JUANITA DR. NE BOTHELL, WA 98011 (206) 621-9636, (206) 823-3116 CHARLES KESTER, PRESIDENT	INTENSIVE INPATIENT DWI ASSESSMENT SERVICE	RESIDENTIAL
MOSS AND ASSOCIATES 1410 130TH NORTHEAST BELLEVUE, WA 98005 (206) 453-0550 JAMES MOSS, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
MOSS BAY COMPREHENSIVE TREATMENT CTR., INC. 801 MARKET STREET KIRKLAND, WA 98033 (206) 828-4774 ULYSSES WHITEHEAD, PH.D., ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
KING COUNTY		
MOSS BAY COMP. TRTMNT. CTR. INC. BRANCH FACILITY OF MOSS BAY COMP. TRTMNT. CTR. INC. 2800 EAST MADISON, #305 SEATTLE, WA 98112 (206) 325-0459 ULYSSES WHITEHEAD, PH.D., ADMINISTRATOR		OUTPATIENT DRUG-FREE
MT. BAKER YOUTH SERVICE BUREAU COMMUNITY ASSOCIATION 1730 BRADNER PLACE SOUTH SEATTLE, WA 98144 (206) 322-7676 SARAH WELCH, EXEC. DIR., SCOTT LUNDBERG, PROG. DIR.		OUTPATIENT DRUG-FREE PRIMARILY YOUTH
MUNICIPAL COURT OF SEATTLE MUNICIPAL PROB. SVCS. 612 SMITH TOWER SEATTLE, WA 98104 (206) 625-4618 GARY SCHAUB	DWI ASSESSMENT SERVICE	
NORTH COMMUNITY ALCOHOL CENTER 10501 MERIDIAN AVENUE NORTH, SUITE E SEATTLE, WA 98133 (206) 367-2700, SCAN 8-348-6541 JOHN MCGIVERN, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
NORTH STAR COUNSELING THE SHORES, BUILDING #1, SUITE 201 19530 PACIFIC HIGHWAY SOUTH SEATTLE, WA 98188 MAUREEN HITE, ADMINISTRATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	
NORTHWEST TEEN CHALLENGE 1808 18TH SEATTLE, WA 98122 (206) 324-3560 DENNIS WATSON, PROGRAM COORDINATOR, DAVID TORRES, DRUG PROG. DIRECTOR		RESIDENTIAL

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

KING COUNTY

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
NORTHWEST TREATMENT CENTER 9010 13TH NORTHWEST SEATTLE, WA 98117 (206) 789-5911 JACK MAHLER, EXECUTIVE DIRECTOR	INTENSIVE INPATIENT DWI ASSESSMENT SERVICE	RESIDENTIAL
PIONEER CENTER SOUTH BRANCH FACILITY OF PIONEER HUMAN SERVICES (KING CO.) 9236 RENTON AVENUE SOUTH SEATTLE, WA 98118 (206) 722-2993, SCAN 8-339-4552 MICHAEL PETTY, UNIT ADMINISTRATOR	INTENSIVE INPATIENT YOUTH ONLY RECOVERY HOUSE OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE RESIDENTIAL
PIONEER HUMAN SERVICES ADMINISTRATIVE OFFICES 2200 RAINIER AVENUE SOUTH SEATTLE, WA 98144 (206) 322-6645 GARY G. MULHAIR, EXECUTIVE DIRECTOR		
RENTON AREA YOUTH SERVICES 1025 SOUTH THIRD RENTON, WA 98055 (206) 271-5600 RICHARD BROOKS, INTERIM DIRECTOR		OUTPATIENT DRUG-FREE PRIMARILY YOUTH
RENTON VOCATIONAL TECHNICAL INSTITUTE 3000 NORTHEAST FOURTH STREET RENTON, WA 98056 (206) 235-2352, SCAN 8-372-2352 JOANNE PRIMAVERA, PH.D., PROGRAM SUPERVISOR	ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
RESIDENCE XII 14506 JUANITA DRIVE NE BOTHELL, WA 98011-4992 (206) 823-8844 MARION SCHOEN, DIRECTOR	INTENSIVE INPATIENT WOMEN ONLY RECOVERY HOUSE WOMEN ONLY	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
KING COUNTY		
RIVERTON GENERAL HOSPITAL CAREUNIT 12844 MILITARY ROAD SOUTH SEATTLE, WA 98168 (206) 244-0180 EXT. 234 LYNN HARTMAN, PROGRAM MANAGER	DETOX SERVICES INTENSIVE INPATIENT	
RYTHER CHILD CENTER 2400 N.E. 95TH STREET SEATTLE, WA 98115-2499 (206) 525-5050 STEVE BOGAN, PROGRAM DIRECTOR	INTENSIVE INPATIENT YOUTH ONLY	RESIDENTIAL YOUTH ONLY
SALVATION ARMY HARBORLIGHT CENTER 416 2ND AVENUE SEATTLE, WA 98104 (206) 621-0145 MAJOR WILLIAM LYNCH, DIRECTOR	RECOVERY HOUSE	
SCHICK SHADEL HOSPITAL 12101 AMBAUM BOULEVARD SW SEATTLE, WA 98146 MAILING ADDRESS: POST OFFICE BOX 48149 SEATTLE, WA 93146 (206) 244-8100 VERONICA ODJANA, ADMINISTRATOR	INTENSIVE INPATIENT DETOX SERVICES DWI ASSESSMENT SERVICE	
SEATTLE DRUG AND NARCOTIC CENTER (SEADRUNAR) POST OFFICE BOX 24344 SEATTLE, WA 98124 (206) 324-8500 NAN BROWN, EXECUTIVE DIRECTOR		
SEADRUNAR PHASE I BRANCH FACILITY OF SEATTLE DRUG AND NARCOTIC CENTER (KING CO.) 976 SOUTH HARNEY SEATTLE, WA 98108 (206) 767-0244 NAN BROWN, EXECUTIVE DIRECTOR		RESIDENTIAL

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

KING COUNTY

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SEADRUNAR PHASE II BRANCH FACILITY OF SEATTLE DRUG AND NARCOTIC CENTER (KING CO.) 809 15TH EAST SEATTLE, WA 98112 (206) 324-8500 NAN BROWN, EXECUTIVE DIRECTOR		RESIDENTIAL
SEADRUNAR - QUEENANNE BRANCH FACILITY OF SEATTLE DRUG AND NARCOTIC CENTER (KING CO.) 200 WEST COMSTOCK SEATTLE, WA 98119 (206) 284-2431 NAN BROWN, EXECUTIVE DIRECTOR		RESIDENTIAL
SEATTLE INDIAN ALCOHOLISM PROGRAM 1912 MINOR AVENUE SEATTLE, WA 98101 (206) 324-9360 EXT. 322, SCAN 8-576-6457 MIKE SCHMIDT, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
SEATTLE MENTAL HEALTH INSTITUTE SUBSTANCE ABUSE RECOVERY PROGRAM 1600 EAST OLIVE STREET SEATTLE, WA 98122 (206) 281-4357 ALEX SMITH, DIRECTOR		OUTPATIENT DRUG-FREE
SHAMROCK GROUP, INC. 8535 PHINNEY AVENUE NORTH SEATTLE, WA 98103 (206) 542-1704 DONALD H. BURNHAM, ADMINISTRATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	
SOUTHEAST COMMUNITY ALCOHOL CENTER TITUS BUILDING, 232 SOUTH SECOND KENT, WA 98032 MAILING ADDRESS: POST OFFICE BOX 1041 KENT, WA 98032 (206) 854-6513, SCAN 8-252-6415 PATRICIA STROMBERG, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
KING COUNTY		
SOUTHWEST COMMUNITY ALCOHOL CENTER 15025 4TH SW SEATTLE, WA 98166 (206) 242-3506, SCAN 8-443-4145 TERRY SEAHOLM, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
SQUARE ONE 1275 - 12TH AVENUE NW ISSAQUAH, WA 98027 MAILING ADDRESS: POST OFFICE BOX 1178 ISSAQUAH, WA 98027 (206) 392-7815 GEORGE WOLF, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
SQUARE ONE BRANCH FACILITY OF SQUARE ONE (KING CO.) 7811 - 159TH PLACE NE REDMOND, WA 98052 (206) 881-7084	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
SUNRISE CENTERS 12650 1ST AVENUE SOUTH SEATTLE, WA 98168 (206) 248-3006 BARNEY BOE, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
THUNDERBIRD FELLOWSHIP HOUSE BRANCH FACILITY OF SEATTLE INDIAN ALCOHOLISM PROGRAM (KING CO.) 1531 13TH AVENUE SOUTH SEATTLE, WA 98144 (206) 322-6230, (206) 324-9360 EXT. 284 MIKE SCHMIDT, ADMINISTRATOR	RECOVERY HOUSE INTENSIVE INPATIENT	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

KING COUNTY	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
VASHON COMMUNITY ALCOHOL CENTER SUNRISE RIDGE VASHON-MAURY VASHON, WA 98070 MAILING ADDRESS: POST OFFICE BOX 99 VASHON, WA 98070 (206) 463-9492 BARBARA MUMFORD, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
VETERANS ADMINISTRATION MEDICAL CTR. ALCOHOL DEPENDENCE TREATMENT PROGRAM 1660 SOUTH COLUMBIAN WAY SEATTLE, WA 98108 (206) 764-2123 R. DALE WALKER, M.D., DIRECTOR	INTENSIVE INPATIENT	
WASHINGTON DRUG REHABILITATION CENTER 421 30TH AVENUE SOUTH SEATTLE, WA 98144 MAILING ADDRESS: POST OFFICE BOX 4036 SEATTLE, WA 98144 (206) 325-4005 JULIUS YOUNG, PROGRAM DIRECTOR		RESIDENTIAL
WESTERN CLINICAL HEALTH SERVICES 34507 PACIFIC HIGHWAY SO., SUITE 3 FEDERAL WAY, WA 98003 (206) 874-2030 (SEATTLE) (206) 952-3733 (TACOMA) LENAY BURKE, ADMINISTRATOR		METHADONE TREATMENT METHADONE DETOX
YOUTH EASTSIDE SERVICES 257 100TH AVENUE NE BELLEVUE, WA 98004 (206) 454-5502 RICHARD J. OLIN, TREATMENT DIRECTOR, PETER BERLINER, EXEC. DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
KITSAP COUNTY		
ALCOHOL REHABILITATION SERVICE NAVY HOSPITAL BREMERTON, WA 98314 KATHYRN MARTIN, SR. CIVILIAN ALC. COUNSELOR	INTENSIVE INPATIENT	
AWARENESS EXPRESS 614 DIVISION STREET PORT ORCHARD, WA 98366 (206) 876-9430 SHERRY BARNHART, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
BREMERTON MUNICIPAL COURT PROBATION DEPARTMENT 239 - 4TH STREET BREMERTON, WA 98310 (206) 478-5268 TOM RIPLEY	DWI ASSESSMENT SERVICE	
KITSAP COUNTY ALCOHOLISM RECOVERY PROGRAM (KCARP) 2051 POTTERY AVENUE PORT ORCHARD, WA 98366 (206) 876-5577, SCAN 8-356-4673 ROY SWANSON, ADMINISTRATOR	INTENSIVE INPATIENT	
KITSAP COUNTY COUNCIL ON ALCOHOLISM 532 - 5TH STREET BREMERTON, WA 98310 MAILING ADDRESS: POST OFFICE BOX 512 BREMERTON, WA 98310 (206) 377-0051, (206) 377-0052, SCAN 8-356-4685 VAN BENNETT, ADMINISTRATOR	DETOX SERVICES OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL	
KITSAP COUNTY COUNCIL ON ALCOHOLISM BRANCH FACILITY OF KITSAP COUNTY COUNCIL ON ALCOHOLISM 122 MOE STREET POULSBO, WA MAILING ADDRESS: POST OFFICE BOX 324 POULSBO, WA 98370 (206) 779-2900 GEORGE FORTHER, COUNSELOR	OUTPATIENT - ALCOHOL	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
KITSAP COUNTY		
KITSAP COUNTY DIST. CT. PROBATION SVCS. DEPT. 614 DIVISION STREET PORT ORCHARD, WA 98366 (206) 876-7019 DAYLE CRANE	DWI ASSESSMENT SERVICE	
KITSAP RESOURCES CONSOLIDATED 500 UNION BREMERTON, WA 98310 (206) 373-5031 HAL CUTTING, OUTPATIENT PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE
MADRONA HOUSE BRANCH FACILITY OF KITSAP RESOURCES CONSOLIDATED 3710 MADRONA BREMERTON, WA 98310 (206) 479-0744 JANET SIRE, CHILD AND FAMILY MANAGER		DAY TREATMENT YOUTH ONLY
NAVY ALCOHOL SAFETY ACTION PROGRAM PUGET SOUND NAVAL SHIPYARD BUILDING 433 BREMERTON, WA 98314 MAILING ADDRESS: POST OFFICE BOX 40 PSNS BREMERTON, WA 98314 (206) 476-2594 GEORGE KATCHMERIC, LT. USN, OFFICER IN CHARGE	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL	
OLALLA GUEST LODGE 12851 OLALLA COVE LANE SE OLALLA, WA 98359 (206)857-6201 AND (206)857-2026 ELAINE KAUFMAN, EXECUTIVE DIRECTOR	INTENSIVE INPATIENT DWI ASSESSMENT SERVICE	

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
KITSAP COUNTY		
O'LEARY & O'LEARY, P.S., INC. 2500 CHERRY AVENUE BREMERTON, WA 98310 (206) 479-1962 MICHAEL O'LEARY, PH.D., ADMINISTRATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	
KITTITAS COUNTY		
ALCOHOL AND DRUG DEPENDENCY SERVICES 507 NANUM, ROOM 106 ELLENSBURG, WA 98926 (509) 925-9821, SCAN 8-453-3941 RICHARD HOPKINS, DIRECTOR; JACK BAKER, PROGRAM DIRECTOR OUTREACH OFFICE - CLE ELUM	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
KLICKITAT COUNTY		
COUNSELING AND RESOURCE CENTER OF KLICKITAT COUNTY 228 WEST MAIN STREET GOLDENDALE, WA 98620 (509) 773-5801 JEFF TEAL, EXECUTIVE DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
COUNSELING AND RESOURCE CENTER OF KLICKITAT COUNTY BRANCH FACILITY OF COUNSELING AND RESOURCE CENTER OF KLICKITAT COUNTY 40 SKYLINE HOSPITAL WHITE SALMON, WA 98672 MAILING ADDRESS: POST OFFICE BOX 420 WHITE SALMON, WA 98672 (509) 493-3400 RON FISHER, COORDINATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
NURI INSTITUTE 150 EAST JEWITT WHITE SALMON, WA 98672 (509) 493-3588 CHARLES M. REGETS/J.D. STEELE, DIRECTORS	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
LEWIS COUNTY		
CONFEDERATED TRIBES OF THE CHEHALIS RESERVATION OAKVILLE, WA 98568 MAILING ADDRESS: POST OFFICE BOX 536 OAKVILLE, WA 98568 (206) 273-5911 NENA MEDINA, PROGRAM DIRECTOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	
LEWIS COUNTY COMMUNITY ALCOHOL CENTER 360 NW NORTH STREET CHEHALIS, WA 98532 MAILING ADDRESS: POST OFFICE BOX 706 CHEHALIS, WA 98532 (206) 748-9121 EXT. 235, SCAN 8-365-1282, TOLL FREE 1-800-562-6130 X235 ED MCNULTY, DIRECTOR OUTREACH OFFICE - MORTON	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
LEWIS COUNTY MENTAL HEALTH/MENTAL RETARDATION PROGRAM 135 WEST MAIN CHEHALIS, WA 98532 MAILING ADDRESS: POST OFFICE BOX 1445 CHEHALIS, WA 98532 (206) 748-6696 LARRY SORENSON, DIRECTOR		OUTPATIENT DRUG-FREE
SWARF OUTPATIENT CENTER BRANCH FACILITY OF SWARF ALCOHOL AND DRUG PROGRAMS (CLARK CO.) 151 NORTH MARKET BOULEVARD CHEHALIS, WA 98532 (206) 748-0890 ROBERT BRENT, PROGRAM DIRECTOR OUTREACH OFFICE - MORTON	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	
LINCOLN COUNTY		
LINCOLN COUNTY ALCOHOL CENTER 7TH AND PARK STREETS DAVENPORT, WA 99122 MAILING ADDRESS: POST OFFICE BOX 152 DAVENPORT, WA 99122 (509) 725-2111 VIRGIL MEYER, DIRECTOR OUTREACH OFFICE - SPRAGUE OUTREACH OFFICE - HARRINGTON OUTREACH OFFICE - ODESSA OUTREACH OFFICE - WILBUR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
LINCOLN COUNTY		
LINCOLN COUNTY COMMUNITY SERVICES DAVENPORT PROFESSIONAL BUILDING DAVENPORT, WA 99122 MAILING ADDRESS: POST OFFICE BOX 278 DAVENPORT, WA 99122 (509) 725-3001, SCAN 8-545-7669 KEVIN O. HEID, PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE
MASON COUNTY		
MASON CO. DISTRICT COURT PROBATION SERVICE MASON COUNTY COURTHOUSE SHELTON, WA 98584 (206) 426-2878 HARRIS HAERTEL, DIRECTOR	DWI ASSESSMENT SERVICE	
SEE ALSO THURSTON COUNTY		
OKANOGAN COUNTY		
COLVILLE INDIAN ALCOHOLISM PROGRAM AGENCY CAMPUS NESPELEM, WA 99155 MAILING ADDRESS: POST OFFICE BOX 150 NESPELEM, WA 99155 (509) 634-4512 YVETTE JOSEPH, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
OKANOGAN COUNTY ALCOHOL PROGRAMS 107 WEST APPLE OMAK, WA 98841 MAILING ADDRESS: POST OFFICE BOX 2027 OMAK, WA 98841 (509) 826-5600, SCAN 8-336-1274 WARREN SWANSON, EXECUTIVE DIRECTOR OUTREACH OFFICE - BREWSTER OUTREACH OFFICE - COULEE DAM OUTREACH OFFICE - OROVILLE-TONASKET OUTREACH OFFICE - TWISP	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
OKANOGAN COUNTY		
OKANOGAN CO. FAMILY COUNSELING & MENTAL HEALTH CENTER 107 WEST APPLE OMAK, WA 98841 MAILING ADDRESS: POST OFFICE BOX 3208 OMAK, WA 98841 (509) 826-6191, SCAN 8-336-1258 JIM BLUE, PROGRAM DIRECTOR OUTREACH OFFICE - OROVILLE OUTREACH OFFICE - TONASKET OUTREACH OFFICE - TWISP OUTREACH OFFICE - BREWSTER		OUTPATIENT DRUG-FREE
PACIFIC COUNTY		
PACIFIC COUNTY COMMUNITY SERVICES ALCOHOL AND DRUG PROGRAMS 819 CEDAR STREET SOUTH BEND, WA 98586 MAILING ADDRESS: POST OFFICE BOX 65 SOUTH BEND, WA 98586 (206) 875-6541, SCAN 8-541-1394 ROLAND LINDSTROM, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
PACIFIC CO. COMMUNITY SERVICES ALCOHOL & DRUG PROGRAMS BRANCH FACILITY OF PACIFIC CO. COMMUNITY SVCS. ALCOHOL & DRUG PROGRAMS POST OFFICE BOX 861 LONG BEACH, WA 98631 (206) 642-4475 EXT. 404, SCAN 8-541-1404		
PEND OREILLE COUNTY		
PEND OREILLE COUNTY COMMUNITY ALCOHOLISM CENTER SOUTH 230 GARDEN AVENUE NEWPORT, WA 99156-5055 MAILING ADDRESS: POST OFFICE BOX 5000 NEWPORT, WA 99156 (509) 447-3175, SCAN 8-545-3187 STEVEN R. PATTON, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
PIERCE COUNTY		
ACACIA COUNSELING 7116 PIONEER WAY GIG HARBOR, WA 98335 (206) 851-7880 DAVID ALBRIGHT, ADMINISTRATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	
ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM HQ I CORPS/FT. LEWIS; ATTN: AFZH-AD (ADAPCP) FORT LEWIS, WA 98433-5000 (206) 967-4351, (206) 967-5831 MIKE SHEAHAN, ALCOHOL AND DRUG CONTROL OFFICER	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
ALCOHOLISM TREATMENT CLINIC TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 SOUTH D STREET TACOMA, WA 98408 (206) 593-4275 WARREN FANSHIER, DIRECTOR	DWI ASSESSMENT SERVICE	
ALLIED COUNSELING SERVICE 4419 PACIFIC HIGHWAY EAST TACOMA, WA 98424 (206) 922-6738	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
ALPHA HOUSE F.O.R.C.E. 4214 PORTLAND AVENUE TACOMA, WA 98404 (206) 472-4418 LOUIS HORTON, DIRECTOR		OUTPATIENT DRUG-FREE
C.A.R.E. 1502 TACOMA AVENUE SOUTH TACOMA, WA 98402 (206) 572-2273 PATSY GILMER, MANAGER	INFO & REFERRAL - TELEPHONE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
PIERCE COUNTY		
COUNSELOR 9915 112TH ST. EAST, SUITE E-11 PUYALLUP, WA 98371 (206) 848-2242 ROBERT T. BAGLEY, PH.D., ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
CROSSROADS TREATMENT CENTER 5909 ORCHARD WEST TACOMA, WA 98497 (206) 473-7474 THEODORE BERNING, ADMINISTRATOR	OUTPATIENT - ALCOHOL	
DOTTER'S COUNSELING MAILING ADDRESS: POST OFFICE BOX 85 PUYALLUP, WA 98371 (206) 841-4284 HELEN DOTTER, ADMINISTRATOR	OUTPATIENT - ALCOHOL	
GIG HARBOR ALCOHOL INFORMATION SERVICES BRANCH FACILITY OF OLALLA GUEST LODGE 8803 STATE HIGHWAY 16, UNIT E GIG HARBOR, WA 98335 (206) 851-2552 DAVID WIND, PROGRAM COORDINATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL	
LAKEWOOD CAC BRANCH FACILITY OF SHARED HEALTH SERVICES (PIERCE CO.) 9112 LAKEWOOD DRIVE S.W. TACOMA, WA 98499 (206) 582-5600 LARRY KERR, CAC COORDINATOR		
MCCORD AIR FORCE BASE SOCIAL ACTIONS OFFICE/BUILDING 1155 MCCORD AFB TACOMA, WA 98438 (206) 984-5675 LT. M. HAMILTON, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

PIERCE COUNTY

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SOCIAL DETOXIFICATION CENTER BRANCH FACILITY OF SHARED HEALTH SERVICES (PIERCE CO.) 745 COURT D TACOMA, WA 98402 MAILING ADDRESS: 705 SOUTH 9TH, SUITE 302 TACOMA, WA 98405 (206) 572-5333 SCAN 8-462-2825 RALPH HOLZBORN, MANAGER	DETOX SERVICES	
TACOMA/PIERCE COUNTY METHADONE MAINTENANCE PROGRAM PIERCE COUNTY HEALTH DEPARTMENT 3629 SOUTH D STREET TACOMA, WA 98408 (206) 591-6405, SCAN 8-236-6405 TERRY REID, PROGRAM DIRECTOR		METHADONE TREATMENT METHADONE DETOX
TACOMA TASC 1201 SOUTH 11TH TACOMA, WA 98405 (206) 572-4750 TERRY SCHMIDT, PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE DIVERSION PROJECT
THE CENTER 1702 1/2 TACOMA AVENUE SOUTH TACOMA, WA 98402 (206) 572-8200 DAVE PURCHASE, PROGRAM DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL	OUTPATIENT DRUG-FREE METHADONE TREATMENT
THE HOUSE BRANCH FACILITY OF THE CENTER (PIERCE COUNTY) 6202 SOUTH LAWRENCE TACOMA, WA 98409 MAILING ADDRESS: POST OFFICE BOX 9474 TACOMA, WA 98409 (206) 474-8732 JAMES DALLAS, PROGRAM DIRECTOR		RESIDENTIAL

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
PIERCE COUNTY		
UNIVERSITY PLACE CAC BRANCH FACILITY OF SHARED HEALTH SERVICES (PIERCE CO.) 7014 - 27TH WEST TACOMA, WA 98466 (206) 564-2526 STEVE THOMES, CAC COORDINATOR/ADULT SERVICES MANAGER	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
ALCOHOL/DRUG ABUSE PROGRAM VA MEDICAL CENTER/AMERICAN LAKE TACOMA, WA 98493 (206) 582-8440 EXT. 6110 ROGER SAUER, PH.D., COORDINATOR	INTENSIVE INPATIENT	
WESTERN WASHINGTON ALCOHOLISM CENTER 3049 SOUTH 36TH STREET, SUITE 214 TACOMA, WA 98409 (206) 473-7122 MICHAEL WATERS, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
SAN JUAN COUNTY		
SAN JUAN COMMUNITY ALCOHOLISM CENTER 842 GUARD ST FRIDAY HARBOR, WA 98250 MAILING ADDRESS: POST OFFICE BOX 755 FRIDAY HARBOR, WA 98250 (206) 378-4994 ROBERT S. HELGOE, PH.D., DIRECTOR OUTREACH OFFICE - LOPEZ OUTREACH OFFICE - EASTSOUND	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
SAN JUAN COMMUNITY SERVICES 820 GUARD STREET FRIDAY HARBOR, WA 98250 MAILING ADDRESS: POST OFFICE BOX 247 FRIDAY HARBOR, WA 98250 (206) 378-2669 LANCE SOBEL, PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SKAGIT COUNTY		
CATHOLIC COMMUNITY SVCS. NORTHWEST BRANCH FACILITY OF CATHOLIC COMM. SVCS. NORTHWEST 2601 M AVENUE ANACORTES, WA 98221 (206) 293-0664 ROBERT ERICKSON, COORDINATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	
PIONEER CENTER NORTH BRANCH FACILITY OF PIONEER COOPERATIVE AFFILIATION (KING CO.) 830 FRUITDALE ROAD SEDRO WOOLLEY, WA 98284 MAILING ADDRESS: POST OFFICE BOX 231 SEDRO WOOLLEY, WA 98284 (206) 856-3186, SCAN 8-578-1186 ELLEN CALDWELL, ADMINISTRATOR	RECOVERY HOUSE INVOLUNTARY ONLY	
SKAGIT COMMUNITY MENTAL HEALTH 208 KINCAID MT. VERNON, WA 98273 (206) 336-3193, (206) 336-2475 JERE LAFOLLETTE, PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE
SKAGIT COUNTY COUNCIL ON ALCOHOLISM JOHN KING RECOVERY HOUSE 121 BROADWAY MOUNT VERNON, WA 98273 (206) 336-5757, SCAN 8-542-1575, RECOVERY HOUSE (206) 336-9511 ALAN ERICKSON, DIRECTOR	RECOVERY HOUSE OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
SKAMANIA COUNTY		
SKAMANIA COUNTY COUNSELING CENTER MILE POST 0.96L, 2ND STREET EXT. STEVENSON, WA 98648 MAILING ADDRESS: POST OFFICE BOX Q STEVENSON, WA 98648 (509) 427-5636 X 39 RICHARD P. JESSEL, PH.D., DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SNOHOMISH COUNTY		
ASSESSMENT SERVICES OF SNOHOMISH COUNTY 3209 COLBY AVENUE, SUITE 107 EVERETT, WA 98201 (206) 258-2255 MARILYN WISE, ADMINISTRATOR	DWI ASSESSMENT SERVICE	
CASCADE DISTRICT COURT PROBATION DEPT. 415 EAST BURKE STREET ARLINGTON, WA 98223 (206) 652-7528 EVELYN BARTH	DWI ASSESSMENT SERVICE	
COMMUNITY ALCOHOL SERVICES DRINKERS DIVERSION SERVICE 2812 HOYT AVENUE EVERETT, WA 98201 (206) 258-2662, SCAN 8-265-5740 JOHN MCCOY, ADMINISTRATOR OUTREACH OFFICE - ARLINGTON	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
COMMUNITY ALCOHOL SERVICES BRANCH FACILITY OF DRINKERS DIVERSION SERVICE (SNOHOMISH CO.) 19920 HIGHWAY 99, SUITE E LYNNWOOD, WA 98036 (206) 775-4686, SCAN 8-265-8411	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	
CONQUEST CENTER 8021 230TH SOUTHWEST EDMONDS, WA 98020 MAILING ADDRESS: POST OFFICE BOX 667 EDMONDS, WA 98020 (206) 774-9551 GERARD SANDERS, PROGRAM DIRECTOR		RESIDENTIAL

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SNOHOMISH COUNTY		
CROSBY ENTERPRISES, INC. 19707 44TH WEST, #101 LYNNWOOD, WA 98036 (206) 774-2955 LOUISE CROSBY, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
DRUG ABUSE COUNCIL OF SNOHOMISH COUNTY 3409 COLBY EVERETT, WA 98201 (206) 259-7142 JIM MATTSON, PH.D., EXECUTIVE DIRECTOR		OUTPATIENT DRUG-FREE DAY TREATMENT YOUTH ONLY
EVERGREEN ALCOHOL & SUBSTANCE ABUSE PROGRAM 2601 SUMMIT AVENUE EVERETT, WA 98201 MAILING ADDRESS: POST OFFICE BOX 12 EVERETT, WA 98201 (206) 258-2407 WALTER H. CROSBY, ADMINISTRATOR		RESIDENTIAL
EVERGREEN OUTPATIENT SERVICES BRANCH FACILITY OF EVERGREEN ALCOHOL & SUBSTANCE ABUSE PROGS (SNOHOMISH 2617 SUMMIT AVENUE EVERETT, WA 98201 MAILING ADDRESS: POST OFFICE BOX 12 EVERETT, WA 98201 (206) 258-2407 WALTER H. CROSBY, ADMINISTRATOR	ALCOHOL INFO SCHOOL OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
EVERGREEN RECOVERY HOUSE BRANCH FACILITY OF EVERGREEN ALCOHOL & SUBSTANCE ABUSE PROGS (SNOHOMISH C 2605 SUMMIT AVENUE EVERETT, WA 98201 MAILING ADDRESS: POST OFFICE BOX 12 EVERETT, WA 98201 (206) 258-2407 INTAKE AT ADMINISTRATIVE OFFICE, 2601 SUMMIT, EVERETT	RECOVERY HOUSE	RESIDENTIAL

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SNOHOMISH COUNTY		
FOCUS DIAGONAL WAY BUSINESS PARK 909 SE EVERETT MALL WAY, SUITE C-310 EVERETT, WA 98204 (206) 355-1250 CHRIS BRACHER AND WENDY HIGGINSON, DIRECTORS	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
NORCROSS CLINIC, INC 209 DAYTON, SUITE 207 EDMONDS, WA 98020 (206) 771-1194 WILLIAM NORCROSS, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
SNOHOMISH COUNTY ALCOHOL DETOX CENTER 3430 112 SW, BUILDING 703 EVERETT, WA 98204 (206) 355-9890 CLARIS HYATT, M.D., ADMINISTRATOR	DETOX SERVICES	
SOUTH SNOHOMISH COUNTY DISTRICT COURT PROBATION DEPARTMENT 20520 - 68TH AVENUE WEST LYNNWOOD, WA 98036 (206) 771-4417 LOIS ANDERSON, SUPERVISOR	DWI ASSESSMENT SERVICE	
VALLEY GENERAL HOSPITAL ALCOHOLISM TREATMENT CENTER 14701 179TH SE MONROE, WA 98272 (206) 794-7497 JACK M. HAYES, TREATMENT PROGRAM DIRECTOR	INTENSIVE INPATIENT DETOX SERVICES DWI ASSESSMENT SERVICE	
WALNUT RECOVERY HOUSE BRANCH FACILITY OF EVERGREEN ALCOHOL & SUBSTANCE ABUSE PROGS (SNOHOMISH C 1409 WALNUT AVENUE EVERETT, WA 98201 MAILING ADDRESS: POST OFFICE BOX 12 EVERETT, WA 98201 (206) 258-2407 INTAKE AT ADMINISTRATIVE OFFICE, 2601 SUMMIT, EVERETT	RECOVERY HOUSE	RESIDENTIAL

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SNOHOMISH COUNTY		
YOUTH UNLIMITED BRANCH FACILITY OF DRUG ABUSE COUNCIL OF SNOHOMISH COUNTY 4526 FEDERAL AVENUE EVERETT, WA MESSAGE PHONE: (206) 259-7142 JIM MATTSON, EXECUTIVE DIRECTOR		DAY TREATMENT *YOUTH ONLY
SPOKANE COUNTY		
ALCOHOL CONSULTATION SERVICES 1504 NORTHWEST BOULEVARD SPOKANE, WA 99205 (509) 326-2301 GARY STONE, DIRECTOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	
ALCOHOL INFORMATION NETWORK SPOKANE COUNTY HEALTH DISTRICT WEST 1101 COLLEGE AVENUE SPOKANE, WA 99201 (509) 458-2528 DONNA HARRIS, PROGRAM COORDINATOR	DWI ASSESSMENT SERVICE	
ALCOHOLISM OUTPATIENT SERVICES EAST 905 - 3RD AVENUE SPOKANE, WA 99202 (509) 534-3132, SCAN 8-545-2468 BOB MEYER, EXECUTIVE DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
CENTER FOR DRUG TREATMENT BRANCH FACILITY OF SPOKANE COMMUNITY MENTAL HEALTH W. 1625 4TH AVENUE SPOKANE, WA [illegible] (509) 458-7437 JIM LOUDERMILK, COORDINATOR		OUTPATIENT DRUG-FREE

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SPOKANE COUNTY

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
COMMUNITY ALCOHOL CENTER EAST 2211 SPRAGUE SPOKANE, WA 99220 MAILING ADDRESS: POST OFFICE BOX 3287 SPOKANE, WA 99220 (509) 534-5070 SUE GORDON, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
DAYBREAK OF SPOKANE SOUTH 3220 GRAND BOULEVARD SPOKANE, WA MAILING ADDRESS: POST OFFICE BOX 8616 SPOKANE, WA 99203 (509) 747-3088 SISTER MARIANNE THERESE, DIRECTOR	OUTPATIENT - ALCOHOL	DAY TREATMENT YOUTH ONLY
DAYBREAK OF SPOKANE BRANCH FACILITY OF DAYBREAK OF SPOKANE 43RD & DYER SPOKANE, WA MAILING ADDRESS: POST OFFICE BOX 8616 SPOKANE, WA 99203 (509) 448-1255 LOUANNA KEYES, PROGRAM MANAGER, SR. MARIANNE THERESE, EXEC. DIR.	INTENSIVE INPATIENT YOUTH ONLY	RESIDENTIAL YOUTH ONLY
DEACONESS HOSPITAL CAREUNIT DEACONESS HOSPITAL WEST 800 - 5TH AVENUE SPOKANE, WA 99210 (509) 458-2273 GENE CWALENSKI, ADMINISTRATOR	INTENSIVE INPATIENT DETOX SERVICES	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SPOKANE COUNTY		
ISABELLA HOUSE BRANCH FACILITY OF NEW HORIZON HOUSE WEST 2308 3RD AVENUE SPOKANE, WA 99204 (509) 624-1244 HAL LOTZENHISER, EXECUTIVE DIRECTOR		RESIDENTIAL
NEW HORIZON HOUSE EAST 29TH 7TH SPOKANE, WA 99202 (509) 624-2777 HAL LOTZENHISER, EXECUTIVE DIRECTOR		RESIDENTIAL
RALEIGH HILLS HOSPITAL 628 COWLEY SPOKANE, WA 99202 MAILING ADDRESS: POST OFFICE BOX 598 SPOKANE, WA 98202 (509) 624-3226 ARLENE INGWERSON, DIRECTOR	DETOX SERVICES INTENSIVE INPATIENT	
SALVATION ARMY BOOTH CARE CENTER WEST 3400 GARLAND SPOKANE, WA 99205 (509) 458-5516, SCAN 8-545-4422 MIKE OLSEN, ADMIN.; GRANT POLK, CLINICAL DIR.	REC. HOUSE EXT. CARE	
SPARC OUTPATIENT SERVICES BRANCH FACILITY OF SPOKANE ALCOHOLIC REHABILITATION CENTER (SPARC) SOUTH 812 WALNUT SPOKANE, WA 99204 MAILING ADDRESS: POST OFFICE BOX 2198 SPOKANE, WA 99210 (509) 624-5228, SCAN 8-545-3256	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SPOKANE COUNTY		
SPOKANE ALCOHOLIC REHABILITATION CENTER, INC (SPARC) 1513 WEST 8TH AVENUE SPOKANE, WA 99204 MAILING ADDRESS: POST OFFICE BOX 2198 SPOKANE, WA 99210 (509) 624-3251, SCAN 8-545-3256 NORMAN HOFFMAN, EXEC. DIR.; MARILYNNE MCKELL, PROG. DIR.	INTENSIVE INPATIENT RECOVERY HOUSE	
SPOKANE ALCOHOLISM CARE SERVICE EAST 415 SPRAGUE SPOKANE, WA 99202 (509) 838-2771 R. J. JOHNSON, ADMINISTRATOR	DETOX SERVICES	
SPOKANE COMMUNITY MENTAL HEALTH S. 107 DIVISION SPOKANE, WA 99202 (509) 838-4651 TED HASEBE, DIRECTOR OF EMERGENCY SERVICES		
STEPPS BRANCH FACILITY OF YOUTH HELP ASSOCIATION (SPOKANE CO.) WEST 1101 COLLEGE, SUITE 360 SPOKANE, WA 99201 (509) 326-9550 TONY BURNS, DIRECTOR; MARY ANN MURPHY, EXECUTIVE DIRECTOR		METHADONE TREATMENT METHADONE DETOX OUTPATIENT DRUG-FREE
TRIBAL ALCOHOLISM PROGRAM SPOKANE TRIBE OF INDIANS WELLPINIT, WA 99040 MAILING ADDRESS: POST OFFICE BOX 212 WELLPINIT, WA 99040 (206) 258-4513 ADELINE PETERS, DIRECTOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE ALCOHOL INFO SCHOOL	

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
SPOKANE COUNTY		
VETERANS ADMINISTRATION MEDICAL CENTER ALCOHOL-DRUG TREATMENT PROGRAM NORTH 4815 ASSEMBLY SPOKANE, WA 99205 (509) 328-4521 EXT. 228 RON PHELPS, COORDINATOR	OUTPATIENT - ALCOHOL	
STEVENS COUNTY		
STEVENS COUNTY COUNSELING SERVICES CENTER SOUTH 603 INFIRMARY ROAD COLVILLE, WA 99114 (509) 684-4597, SCAN 8-574-1249 OUTREACH OFFICE - CHEWELAH	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
THURSTON COUNTY		
CEDAR CREEK CORRECTIONS PROGRAM/DRUG TREATMENT BRANCH FACILITY OF S.T.O.P. (SOCIAL TREATMENT OPPORTUNITY PROGRAM) LITTLE ROCK, WA MAILING ADDRESS: P.O. BOX 7689 OLYMPIA, WA 98507 (MESSAGES PHONE: DRUG TREATMENT (206) 754-2731 BRAD BRESOLIN, PROGRAM DIRECTOR		
CRISIS CLINIC OF THURSTON AND MASON COUNTIES POST OFFICE BOX 2463 OLYMPIA, WA 98507 BUSINESS:(206) 754-3888, SVCS:(206) 352-2211, MASON CO:(206) 426-3311 TERRI RAMSAUER, EXECUTIVE DIRECTOR	INFO & REFERRAL - TELEPHONE	
NEW LIFE FOUNDATION POST OFFICE BOX 7005 OLYMPIA, WA 98507 (206) 459-5500 JERRY BIRLIN, DIRECTOR		RESIDENTIAL

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
THURSTON COUNTY		
SOCIAL TREATMENT OPPORTUNITY PROGRAMS (STOP) 1800 11TH SOUTHWEST OLYMPIA, WA 98507 MAILING ADDRESS: POST OFFICE BOX 7689 OLYMPIA, WA 98507 (206) 754-2731 BARBARA MILLER, EXEC. DIRECTOR; BRAD BRESOLIN, PROG. DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
TALBOT CLINICAL SERVICES 931 POPLAR STREET LACEY, WA 98503 (206) 459-7122 ED MCLAUGHLIN, ADMINISTRATOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
THURSTON & MASON ALCOHOLISM RECOVERY COUNCIL (TAMARC) 1625 MOTTMAN ROAD SW TUMWATER, WA MAILING ADDRESS: POST OFFICE BOX 1216 OLYMPIA, WA 98507 (206) 943-8510, SCAN 8 234-4060 LOIS PARKER, EXECUTIVE DIRECTOR OUTREACH OFFICE - SHELTON OUTREACH OFFICE - RAINIER	DETOX SERVICES RECOVERY HOUSE OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
THURSTON COUNTY DISTRICT COURT PROBATION DEPT. 2000 LAKERIDGE DRIVE SW OLYMPIA, WA 98502 (206) 753-8048 TOM BALL, DIRECTOR	DWI ASSESSMENT SERVICE	
THURSTON/MASON COMMUNITY MENTAL HEALTH CENTER 4422 6TH AVENUE SOUTHEAST LACEY, WA 98503 MAILING ADDRESS: POST OFFICE BOX 592 OLYMPIA, WA 98507 (206) 438-1900 DAVID REYNOLDS, PH.D., PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
WAHKIAKUM COUNTY		
SEE COWLITZ COUNTY		
WALLA WALLA COUNTY		
NEWHOUSE RECOVERY HOUSE BRANCH FACILITY OF WALLA WALLA COMMUNITY ALCOHOLISM CENTER 612 EAST MAIN WALLA WALLA, WA 99362 MAILING ADDRESS: 180 SOUTH FIFTH WALLA WALLA, WA 99362 (509) 529-9101, (509) 525-9843 ED SPARKS, MANAGER	RECOVERY HOUSE	
VETERANS ADMINISTRATION MEDICAL CENTER ALCOHOL DEPENDENCE TREATMENT PROGRAM 77 WAINWRIGHT DRIVE WALLA WALLA, WA 99362 (509) 525-5200 EXT. 280 DAVID BEEBE, DIRECTOR	INTENSIVE INPATIENT	
WALLA WALLA COMMUNITY ALCOHOLISM CENTER 180 SOUTH FIFTH WALLA WALLA, WA 99362 (509) 525-7800, SCAN 8-629-4408 LOREN HAJDUK, DIRECTOR; PATTY VELEZ, DRUG COORD.	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
WHATCOM COUNTY		
CATHOLIC COMMUNITY SERVICES NORTHWEST 207 KENTUCKY STREET BELLINGHAM, WA 98225 (206) 733-5840 ROBERT ERICKSON, COORDINATOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	

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	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
WHATCOM COUNTY		
COMMUNITY ALCOHOL CENTER 1728 IOWA, SUITE O BELLINGHAM, WA 98226 (206) 733-1400, SCAN 738-2147 JAMES A. WRIGHT, DIRECTOR OUTREACH OFFICE - BLAINE	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL	
CONTACT COUNSELING 1229 CORNWALL AVENUE, SUITE 309 BELLINGHAM, WA 98225 (206) 671-3277 PATRICIA AASHEIM, DIRECTOR	OUTPATIENT - ALCOHOL DWI ASSESSMENT SERVICE	
HUMAN SERVICES ASSOCIATES, INC. ALTERNATIVES TO ADDICTION 1200 DUPONT AVENUE, SUITE 2F BELLINGHAM, WA 98225 MAILING ADDRESS: POST OFFICE BOX 363 BELLINGHAM, WA 98225 (206) 671-9797 KAREN L. DIXON, ADMINISTRATOR OUTREACH OFFICE - LYNDEN	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
OLYMPIC CENTER - BELLINGHAM 1603 EAST ILLINOIS BELLINGHAM, WA 98225 (206) 733-9111, SCAN 8-738-2169 JOHN REITZ, EXECUTIVE DIRECTOR	DETOX SERVICES INTENSIVE INPATIENT	RESIDENTIAL OUTPATIENT DRUG-FREE
OLYMPIC CENTER BRANCH FACILITY OF OLYMPIC CENTER 1701 GLADSTONE STREET BELLINGHAM, WA MAILING ADDRESS: 1603 EAST ILLINOIS BELLINGHAM, WA 98225 (206) 733-9111; SCAN 8-738-2169 JOHN REITZ, EXECUTIVE DIRECTOR	OUTPATIENT - ALCOHOL	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
WHATCOM COUNTY		
WHATCOM COUNSELING AND PSYCHIATRIC CLINIC 1135 MOUNT BAKER HIGHWAY BELLINGHAM, WA 98225 (206) 676-8455 SUSAN VERRY, PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE
WHATCOM COUNTY CLIENT ASSESSMENT SVC. WHATCOM COUNTY DIV. OF ALCOHOLISM SERVICES 1000 NORTH FOREST BELLINGHAM, WA 98225 (206) 733-1425, SCAN 8-644-6871 GREG CORY, DIRECTOR	DWI ASSESSMENT SERVICE	
WHATCOM COUNTY DISTRICT COURT PROBATION 311 GRAND AVENUE BELLINGHAM, WA 98225 (206) 676-6708 FRED THOMPSON	DWI ASSESSMENT SERVICE	
WHITMAN COUNTY		
SQUARE ONE BRANCH FACILITY OF SQUARE ONE (KING CO.) 1230 NORTHWEST NYE STREET PULLMAN, WA 99163 MAILING ADDRESS: P.O. BOX 571 PULLMAN, WA 99163 (509) 332-8146 JIM OBERG, COUNSELOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
WHITMAN COUNTY ALCOHOLISM CENTER NE 340 MAPLE STREET PULLMAN, WA 99163 (509) 332-6585, SCAN 8-545-2892 MARILYN BERNEY, DIRECTOR OUTREACH OFFICE - COLFAX	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
WHITMAN COUNTY		
WHITMAN COUNTY DRUG ABUSE PROGRAM NORTHEAST 340 MAPLE, #3 PULLMAN, WA 99163 (509) 334-1133, SCAN 8-545-2498 MARY EGGLESTON, DRUG PROGRAM DIRECTOR		OUTPATIENT DRUG-FREE
YAKIMA COUNTY		
CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH 321 EAST YAKIMA AVENUE YAKIMA, WA 98907 MAILING ADDRESS: POST OFFICE BOX 959 YAKIMA, WA 98907 (509) 575-4084, SCAN 8-352-4084 TERRY E. FITZGERALD, EXECUTIVE DIRECTOR		OUTPATIENT DRUG-FREE METHADONE TREATMENT
COLUMBIA HOSPITAL HIGHLAND DRIVE BUENA, WA MAILING ADDRESS: POST OFFICE BOX 9635 YAKIMA, WA 98909 NATALIE NOVICK, ADMINISTRATOR	DETOX SERVICES INTENSIVE INPATIENT	RESIDENTIAL
COMMUNITY ALCOHOLISM CENTER YAKIMA COUNSELING SERVICES 102 SOUTH NACHES AVENUE YAKIMA, WA 98907 MAILING ADDRESS: POST OFFICE BOX 2849 YAKIMA, WA 98907 (509) 248-1800, TOLL FREE 1-800-572-8124, SCAN 8-558-2079 HARRY BARTH, DIRECTOR; AL MARTIN, PROGRAM DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	OUTPATIENT DRUG-FREE
JAMES M. OLDHAM HOUSE BRANCH FACILITY OF COMMUNITY ALCOHOLISM CENTER (YAKIMA CO.) 308 NORTH 4TH STREET YAKIMA, WA 98907 (509) 457-1623 MILO MILES, PROGRAM DIRECTOR	REC. HOUSE EXT. CARE	

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

YAKIMA COUNTY	CERTIFIED ALCOHOL SERVICES CERTIFIED DRUG SERVICES
NEW LIFE ASSOCIATION BRANCH FACILITY OF COMMUNITY ALCOHOLISM CENTER (YAKIMA CO.) 206 1/2 NORTH NACHES AVENUE YAKIMA, WA 98907 MAILING ADDRESS: POST OFFICE BOX 2849 YAKIMA, WA 98907 (509) 453-8651 MILO MILES, MANAGER	RECOVERY HOUSE
NEWSTART SOCIAL DETOXIFICATION PROGRAM BRANCH FACILITY OF COMMUNITY ALCOHOLISM CENTER (YAKIMA CO.) 308 NORTH 4TH STREET YAKIMA, WA 98907 MAILING ADDRESS: POST OFFICE BOX 2849 YAKIMA, WA 98907 (509) 457-1623 MILO MILES, PROGRAM DIRECTOR	DETOX SERVICES
RECEIVING AND RECOVERY BRANCH FACILITY OF YAKIMA INDIAN NATION COMP. ALCOHOLISM PROGRAM FORT ROAD TOPPENISH, WA 98948 (509) 865-5656	DETOX SERVICES
SUNDOWN M RANCH MISSION ROAD WHITE SWAN, WA 98952 MAILING ADDRESS: POST OFFICE BOX 81 WHITE SWAN, WA 98952 (509) 874-2520 MERRILL SCOTT, EXECUTIVE DIRECTOR	INTENSIVE INPATIENT DWI ASSESSMENT SERVICE
SUNNYSIDE OFFICE BRANCH FACILITY OF VALLEY ALCOHOL COUNCIL (YAKIMA CO.) POST OFFICE BOX 921 SUNNYSIDE, WA 98944 (509) 837-7700, SCAN 8-558-2658	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE

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60.80 LIST OF APPROVED ALCOHOLISM AND DRUG FACILITIES IN THE STATE OF WASHINGTON (1/85) (cont.)

	CERTIFIED ALCOHOL SERVICES	CERTIFIED DRUG SERVICES
YAKIMA COUNTY		
VALLEY ALCOHOL COUNCIL 202 SOUTH TOPPENISH TOPPENISH, WA 98948 (509) 865-3020 ANTONIO CARDENAS, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL DWI ASSESSMENT SERVICE	
YAKIMA INDIAN NATION COMPREHENSIVE ALCOHOLISM PROGRAM 302 ASOTIN TOPPENISH, WA 98948 MAILING ADDRESS: POST OFFICE BOX 523 TOPPENISH, WA 98948 (509) 865-5121 STELLA M. WASHINES, DIRECTOR	OUTPATIENT - ALCOHOL ALCOHOL INFO SCHOOL	

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60.97 INTERFACE WITH OTHER DSHS SERVICES

The service worker shall coordinate and confer with:

A. Financial services regarding:

1. Payment for all additional requirements as approved by the service worker.

2. Referrals for support services to obtain/retain financial or medical assistance.

B. Homemaker and/or chore services to help with meals and/or laundry if ineligible for additional requirements.

C. Office of Disability Insurance, as necessary to establish disability for SSI, SSA, and LCP-MN applicants.

D. Other DSHS agencies such as DVR, Division of Developmental Disabilities, or state hospitals for medical information to establish incapacity/disability or to refer for services.

60.98 INTERFACE WITH NON-DSHS SERVICES

The service worker shall coordinate and confer with:

A. The medical community for verification of health problems for incapacity determination and additional requirements.

B. Federal agencies such as the Social Security Administration or the Veterans Administration for any available financial aid.

C. Other community resources such as Area Agency on Aging, community mental health clinics, alcoholism and drug treatment facilities, etc., for services for which the department does not provide.

60.99 REQUIRED FORMS AND INSTRUCTIONS

See Chapter 99, General Forms, for instructions on these forms:

DSHS 1-123(X)	DVR/CSO Communications Document (Rev. 2/83)
DSHS 2-284(X)	Incapacity Control Card (Rev. 10/76)
DSHS 2-305(X)	Service Episode Record (10/78)
DSHS 2-306(X)	Communication Referral (Rev. 9/78)

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DSHS 2-306A(X)	Communication Referral page 2 (Rev. 9/78)
DSHS 11-17(X)	Referral for Supplemental Security Income (Rev. 1/77)
DSHS 14-12(X)	Authorization to Obtain/Release Information (3/78)
DSHS 14-24(X)	Face Sheet (Rev. 9/78)
DSHS 14-50(X)	Statement of Education, Employment and Health (9/83)
DSHS 14-84(X)	Financial/Social Services Communication (Rev. 3/74)
DSHS 14-118(X)	Incapacity Review Team Decision (Rev. 2/83)
DSHS 14-139(X)	Social Services Application (Rev. 12/79)
DSHS 14-144(X)	Transmittal Summary Medical Disability Decision (Rev. 4/82)
DSHS 14-154(X)	Social Services Authorization (Rev. 9/80)
DSHS 14-159	Change of Service Authorization (Rev. 1/81)
DSHS 18-235(X)	Authorization for Payment of Initial SSI to DSHS (3/82)
SSA-4681	Case Report on Claim of Good Cause for Refusing to Cooperate in Establishing Paternity and Securing Child Support (12/79)

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J2-31H OFFICE OF EVALUATION
& PROGRAM REVIEW
1=3,3=4,5=4,8=18,8=3,
9=3,13=19

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-255
ISSUED: 12/08/87

FROM: Bernice Morehead, Director
Division of Income Assistance

SECTIONS REVISED:
60.36

EFFECTIVE: Immediately
FOR INFORMATION CALL:
SCAN 234-0478 OR
Non-SCAN (206) 753-0478

FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: MANUAL PRODUCTION UNIT AT MS OB-16
IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM MS FB-11

SUBJECT: SSI REFERRAL PILOT PROJECT

Place this notice in front of Manual G, Chapter 60, and note on the Green Notice Control Sheet the date Notice No. 255 was entered.

The legislature enacted ESHB 665 in 1987 to enable the DSHS to assist GA-U recipients who are denied SSI. The program will help GA-U recipients in filing timely appeals, obtaining medical information, and obtaining legal assistance to qualify for SSI. The law established a pilot program under which DSHS has contracted for services intended to increase the effectiveness of the referral process. The pilot project is in 12 pilot offices in three catchment areas in Washington State.

They are:

Snohomish County

Everett CSO
Smokey Point CSO
Mountlake Terrace CSO
Skykomish Branch Office

Clark/Skamania/Klickitat Counties

Vancouver CSO
Orchards CSO
White Salmon Branch Office
Goldendale Branch Office
Stevenson Branch Office

Yakima/Kittitas Counties

Yakima CSO
Yakima/Kittitas CSO
Ellensburg Branch Office

The pilot project will be implemented November 15, 1987.

A. SSI Referral Pilot Project Contractor

The statewide contractor is Prediletto, Halpin, Cannon, and Scharnikow, P.S. of Yakima, Washington.

The duties of the contractor include:

1. To develop a pool of competent attorneys/law firms with expertise in social security disability law who are ready, willing, and able to accept referrals on a contingency fee basis. Such a pool will be found in each catchment area. Copies of the pool member listing will be distributed to each pilot CSO in the area.

2. Coordinate and make referrals of GA-U recipients to pool members within seven calendar days of CSO referral. Follow-up on willingness of attorney/law firm to represent client. Assure that attorney/law firm contact is made with the GA-U recipient to provide for a timely appeal evaluation, and if appropriate, appeal per SSA time limits.

3. Monitor GA-U recipient progress through the appeal process and report same to CSO.

4. Develop training materials on disability evaluation and medical assessment for SSDI/SSI progress. Present the training described above to CSO caseworkers, regional SSI referral specialists, health care professionals and practitioners on the referral panel. By December 31, 1987, furnish a complete set of the training materials described above to the Economic and Medical Field Services Region Office in each pilot site catchment area.

5. Report to DSHS by November 1, 1988:

   a The results from monitoring GA-U recipient progress through the SSI appeal process;

   b. The dates of training sessions, to whom was training offered, and the number of trainees;

   c. Make recommendations to DSHS for improvement of existing SSI referral/appeal/tracking systems developed under ESHB 665.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

COMMUNITY SERVICES DIVISION
Olympia, Washington

TO: HOLDERS OF MANUAL G

NOTICE NO.: G-227
ISSUED: 08/01/85

FROM: Judith M. Merchant, Director
Div. of Income Assistance OB-31C

SECTIONS REVISED:
New

EFFECTIVE: Immediately
FOR INFORMATION CALL:
753-7137 or SCAN 234-7137

IF NOT DELIVERABLE, RETURN TO MANUAL PRODUCTION UNIT, MS OB-16

SUBJECT: CLIENT NOTIFICATION OF TREATMENT REQUIREMENTS

Place this notice in front of Manual G, Chapter 60, and note on the Green Notice Control Sheet the date Notice No. G-227 was entered.

BACKGROUND

Since the 1983 implementation of a GA-U sanction process, it has become necessary to develop a statewide procedure for the handling of medical treatment or other agency referrals as a condition of eligibility. The purpose of this procedure is to:

A. Provide clients with written notice of the nature of their medical treatment and/or other agency referral requirements, and the consequences for failure to comply;

B. Allow clients an opportunity to dispute these requirements before non-cooperation occurs and adverse action is initiated; and

C. Provide the CSOs with a systematic, uniform means of implementing the requirements of WAC 388-37-037 and 050.

In order to comply with an agreement with Legal Services, the procedures outlined in this notice are effective immediately. CSOs will soon be receiving an initial supply of the new DSHS 14-249(X), Notice of Medical Treatment or Referral Requirements (see attached), but in the meantime this form should be reproduced at the local level.

Although specific IRT responsibilities are identified in these instructions, it is important to note that effective September 1, 1985, primary responsibility for such activities will be transferred to the incapacity specialist.

CSO NOTIFICATION PROCEDURES

A. The following procedures apply to both AFDC and GA-U incapacitated recipients, except that:

   1. Follow through on referrals to other agencies is not a condition of eligibility for AFDC (60.31 is incorrect in reference to this AFDC requirement), and

   2. Sanction periods are not imposed for AFDC recipients who fail to comply with medical treatment requirements.

B. Any incapacitated recipient who is required to follow through on medical treatment or referrals to other agencies as a condition of eligibility must be so informed in writing:

   1. At the time of initial opening,

   2. At each reapproval, and

   3. Whenever the treatment or referral requirement is modified.

C. Recipients cannot be terminated (or sanctioned from GA-U) for failure to comply with these requirements, unless they were adequately notified of the eligibility conditions.

D. CSOs should take the following steps to ensure adequate notification.

   1. The IRT will determine if medical treatment should be required based on available medical information.

      a. The IRT will require only treatment which can reasonably be expected to render the person able to work or reduce his/her need for assistance.

      b. The primary sources for this determination are the written treatment recommendations of the evaluating medical providers.

      c. The IRT may also consider the opinions of the medical consultant and incapacity specialist.

d. The IRT must require alcohol/drug treatment whenever the basis for a recipient's incapacity is alcoholism or drug addiction.

2. The IRT completes the DSHS 14-118, Incapacity Decision, indicating the type of treatment to be required. This should be as specific as possible, but not so specific that the CSO will have to send a modifying letter every time a client changes doctors, medication, treatment dates, etc.

3. The IRT also recommends other agency referrals as appropriate for GA-U recipients.

4. Upon receipt of the completed DSHS 14-118, the incapacity specialist prepares the DSHS 14-249(X), Notice of Medical Treatment or Referral Requirements. This form should describe the nature of the medical treatment and/or other agency referrals required by the IRT, plus any additional agency referrals that the incapacity specialist has determined to be necessary.

5. The incapacity specialist then signs and sends the DSHS 14-249(X) to financial services (attached to the DSHS 14-118 in those CSOs whose local procedure requires the IRT to return the original DSHS 14-118 to the incapacity specialist for forwarding to financial services). A copy of the DSHS 14-249(X) remains in the service file.

6. RFIS (or FMS if a redetermination) completes the DSHS 14-165, Financial Assistance Award Letter, and mails it to client with the DSHS 14-249(X) <u>attached</u>.

E. Examples of entries on DSHS 14-249(X)

You must participate in regular, ongoing mental health therapy as recommended by the local community mental health clinic.

You must actively participate in a DSHS certified alcohol outpatient program.

You must cooperate with treatment, including therapy and medication, as recommended by your doctor.

You must follow through on your application for Supplemental Security Income (SSI). You may also be required to pursue reconsideration or an appeal if your application is denied.

OBJECTIONS TO TREATMENT PLAN

A. Client Rights and Responsibilities

1. The client has a right to contest medical treatment or other agency referrals as conditions of eligibility through the fair hearing process.

2. Once a fair hearing is requested, the CSO will take no adverse action as a result of failure to comply with the treatment at issue as long as the matter remains in dispute pending a fair hearing decision.

3. After the hearing is resolved, the client must be allowed a reasonable amount of time to comply with the decision. Normally 30 days is considered reasonable, but this time may be lengthened or shortened depending on the nature and availability of the treatment involved.

B. CSO Responsibilities

1. Upon receipt of a fair hearing decision changing the treatment requirements, the incapacity specialist will send the client an amended notice DSHS 14-249(X), outlining the new treatment plan.

2. The IS will continue to refer all incidents of noncooperation to the IRT for a good cause determination.

   a. When reviewing for good cause, the IRT must use the guidelines in Manual G, Chapter 60.38 B. or C. In addition to the criteria already listed, the IRT may also establish good cause when:

      (1) The individual was not properly notified of the treatment required and/or the consequences for failure to comply, or

      (2) After receiving additional medical information or opinion, the IRT determines previously recommended treatment to be inappropriate.

   b. When the IRT determines that good cause exists, the IS will notify the client in writing of the IRT results. This letter must include:

      (1) The IRT decision regarding good cause and the basis for that decision,

(2) Any changes to the treatment plan, and

(3) Fair hearing notice.

3. When the IRT determines that good cause does not exist, the IRT will notify financial services by DSHS 14-118.

   a. The DSHS 14-118 should indicate the specific requirement with which the client failed to comply, and the nature of his or her noncompliance. Information provided on the DSHS 14-118 should be comprehensive and should be worded in such a way that will assist financial services in transposing this information to the DSHS 14-39, Notice of Planned Action.

   b. The DSHS 14-118 will also include any sanction information pertaining to GA-U.

DSHS 14-249(X) (07/85), NOTICE OF MEDICAL TREATMENT OR REFERRAL REQUIREMENTS

NOTICE OF MEDICAL TREATMENT
OR REFERRAL REQUIREMENTS

..... Case No.:_____

..... Date:_____

.....

You are eligible for financial assistance based on an incapacitating medical condition. In order for you to remain eligible, you must cooperate in obtaining appropriate medical treatment and/or in following through on referrals to other agencies as specified below:

This requirement is based on the department's judgment that this treatment and/or agency referral(s) can reasonably be expected to improve your capacity for gainful employment or qualify you for other financial benefits or services. Please be sure to keep all appointments with your medical provider or other agency, and cooperate with them to the fullest extent necessary to help reduce your need for future assistance.

Periodically, we will ask you or your medical provider/other agency for verification of your cooperation. Refusal to accept available and required medical treatment without good cause may result in termination of your assistance. Additionally, if you decide to reapply for General Assistance to the Unemployable (GA-U), you may be subjected to a period of ineligibility ranging from one week to two months.

Medical treatment requirements are usually determined as a result of information obtained in your medical report(s), including recommendations from your evaluating physician, therapist or other health care practitioner. If you disagree with the type of medical treatment/referral as required in this notice and feel you have a good reason for not accepting it, you may request a fair hearing. In some cases we may be able to change your treatment plan.

While your case is pending a fair hearing decision, we will take no adverse action for your failure to accept the treatment or referral to which you object.

_____ Incapacity Specialist _____ Phone

DSHS 14-249(X) (7/85) OX A-216

B. SSI Referral Program Facilitator

Each CSO will appoint a program facilitator who will follow the referral instructions in Manual G, 60.36.

In addition the CSO program facilitator will:

1. Immediately upon denial of SSI reconsideration, refer all recipients who may be eligible for SSI benefits to the pilot contractor. Use the SSI Appeal Referral/Report Form DSHS 14-268 (see attached).

2. Help recipient if necessary in setting up an appointment and supplying information to legal representative.

3. When an attorney-client relationship is established, supply medical information directly to the legal representative.

4. Provide to physicians and other medical professionals, GA-U information and medical information required to determine SSI eligibility.

5. Record service progress on the DSHS 2-305, Service Episode Record, and monitoring on the DSHS 2-284, Incapacity Control Card. Update Incapacity Case Management System (ICMS) as appropriate.