



## Assessment/Treatment Report for DSHS Certified Agencies

This report must be signed by a chemical dependency professional, probation assessment officer, or qualified alcohol/drug information school instructor when the facility is located in Washington State. When the facility is located outside of Washington, this report must be signed by a state-certified counselor.

Send this completed report to:

**Driver Records**  
**Department of Licensing**  
**PO Box 9030**  
**Olympia, WA 98507-9030**  
**Fax (360) 570-7044**

**Please print or type**

Client name ( <i>Last, First, Middle</i> )		Washington driver license number	Date of birth
Agency name			Agency (Area code) Telephone number
Agency street address			Agency Greenbook number
City	State	ZIP code	

### Assessment

I completed an assessment of the above named person on \_\_\_\_\_.  
Assessment date

My findings are:

- ☐ **Alcohol/drug information school is recommended.**
- ☐ **Treatment is recommended for:** (*check one*) ☐ substance abuse ☐ substance dependence
- ☐ **No treatment is recommended.**

### Information School

☐ Client completed information school on \_\_\_\_\_.  
Completion date

### Treatment Report

Treatment began on \_\_\_\_\_.  
Start date

As of \_\_\_\_\_, client is: (*check one*) ☐ compliant ☐ non-compliant  
Date

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
 Date and place signed

\_\_\_\_\_  
 PRINT name

**X**

\_\_\_\_\_  
 Signature