

Washington State Department of CHILDREN, YOUTH & FAMILES PROFESSIONAL SERVICES BILLING STATEMENT

Provider Information							
Provider's Name	Working Choices, Inc.		FamLink Provider ID		ID 127	12762	
Provider's Address	212 Wells Ave S, Suite J, Renton, WA 98057		Provider's Phone		425	425-822-8654	
Name of person who did the services			Degre	ee or Level			
DCYF Information		ı			1		
DCYF Office				DCYF Caseworker			
Phone Number					"		
Client Information							
Client's Name			FamLink Case ID				
Type of Deferred					•		
Type of Referral Chemical Dependent	ency Assessment / Treatment	П	Pare	ntina Assess	ment		
			Parenting Assessment Parenting Instruction (group only)				
□ Developmental Assessment □			Sexual Deviancy Evaluation (adults only)				
□ Domestic Violence Perpetrator Evaluation □			Adult Sex Offender Treatment				
Allowed hours & rates are a silled hours cannot exceed	posted at https://www.dcyf.wa.gov I what DCYF authorized.	<u>/serv</u>	ices/ch	ild-welfare-pro	oviders/co	ntracted-ser	vices.
Date Service Desc	ription (face to face, reports et	c.)		Hours	Rat	e Am	ount
				0	77.53		
					77.53		
					77.53		
					77.53		
					77.53		
					77.53 77.53		
	Totals				77.53		
101013				Total			
clude a copy of the sign	ed referral and the final report w	/ith t	∟ his inv				
Comments:							
•							

Provider Signature