| A close-up of a sign  AI-generated content may be incorrect. | **WA Cares Fund Application for Long-Term Care Benefits** | **A picture containing logo  Description automatically generated** | Beneficiary Name |
| --- | --- | --- | --- |
| WA Cares ID Number (if known) |
| **This form is used to apply for WA Cares Fund benefits.** |
| To be eligible for WA Cares Fund benefits, beneficiaries must meet contribution requirements and require assistance with three activities of daily living for at least 90 days. |
| **Submit your completed application:** | **Other ways to apply:** |
| Mail your application to:DSHSThe WA Cares FundPO Box 45612Olympia, WA 98504-5826 | * Online at: https//wacaresfund.wa.gov/(see instructions below)
* Call: 1-844-CARE4WA (844-227-3492)
 |
| **Language assistance is available:**  | **Do you need help completing this form?**  |
| * Language interpreter services
* Sign language services
* Braille or large print
* TTY/TDD users dial 1-800-833-6384
 | * Contact WA Cares for assistance:

 1-844-CARE4WA (844-227-3492) |
| **Information you will need:**  |
| * Applicant name
* Applicant birthdate
* Identity verification documents
 |
| **Create a WA Cares account and apply online** |
| An online WA Cares Fund account is where beneficiaries will see information about their benefit, and if approved, make decisions about how they use it. This includes account creation, authorizing benefit usage, viewing contribution and authorization history, tracking benefit usage, and interacting with the messaging center. To create an account, visit the website at <https://wacaresfund.wa.gov/> or:* Online at: https://wacaresfund.wa.gov/apply
* **You will need a Secure Access Washington (SAW) account to create an online WA Cares account**
 |
| **Application Information** |
| Are you applying for yourself or on behalf of someone else? [ ]  For myself [ ]  For someone else |
| Applicant’s Legal First Name | Applicant’s Middle Initial | Applicant’s Legal Last Name |
| Preferred Name | Pronouns | Gender Identity | Gender at Birth |
| Birthdate | Social Security Number (SSN) | Individual Taxpayer Identification Number (ITIN) |
| [ ]  I do not have a SSN or ITIN | Have you used more than one SSN or ITIN since 2023?[ ]  Yes [ ]  NoIf yes, call WA Cares at 1-844-CARE4WA (844-227-3492) to complete your application. |
| Physical Street address City State Zip Code |
| Mailing address City State Zip Code |
| Primary Phone (with area code) | May we leave you a voicemail? [ ]  Yes [ ]  No |
| Cell Phone (with area code) | May we send you a text message? [ ]  Yes [ ]  No |
| Email Address |
| What is your preferred communication method?[ ]  Mail [ ]  Email [ ]  SMS / Text Message [ ]  Phone Call |
| **Legal Representative Information** |
| Do you have a designated legal guardian, conservator, or power of attorney?[ ]  Yes [ ]  No |
| Name | Role[ ]  Conservator [ ]  Legal Guardian[ ]  Supported Decision-Maker [ ]  Power of Attorney |
| Street address City State Zip Code |
| Primary Phone (with area code)May we leave the representative a voicemail?[ ]  Yes [ ]  No | Cell Phone (with area code)May we send the representative a text message? [ ]  Yes [ ]  No |
| Email Address |
| Have you provided documentation? [ ]  Yes [ ]  NoLegal representatives must provide proof before making any decisions on your behalf. |
| Name | Role[ ]  Conservator [ ]  Legal Guardian[ ]  Supported Decision-Maker [ ]  Power of Attorney |
| Street address City State Zip Code |
| Primary Phone (with area code)May we leave the representative a voicemail?[ ]  Yes [ ]  No | Cell Phone (with area code)May we send the representative a text message? [ ]  Yes [ ]  No |
| Email Address |
| Have you provided documentation? [ ]  Yes [ ]  NoLegal representatives must provide proof before making any decisions on your behalf. |
| **Privacy** |
| HIPAA restrictions and other privacy laws prevent WA Cares Fund from sharing confidential account information or protected health information. To share information about an individual, WA Cares must have been granted specific consent from that individual or their legal representative.  |
| **Authorized User Information** |
| An authorized user is someone you choose to assist you to authorize your WA Cares benefits. An authorized user has access to your account to approve authorizations at your direction.Are you assigning an authorized user? [ ]  Yes [ ]  No If yes, please complete the Authorized User form by logging into your WA Cares account. If you need assistance, please contact our Benefits and Customer Care team at 844-CARE4WA (844-224-3492).  |
| **Applicant Language and General Information** |
| Are you a veteran? [ ]  Yes [ ]  No Do you work for a Tribal Government that participates in WA Cares? [ ]  Yes [ ]  No  |
| Primary Spoken Language | Preferred Spoken Language | Preferred Written Language |
| Do you need an interpreter? [ ]  Yes [ ]  No  |
| Race | Ethnicity[ ]  Hispanic or Latino [ ]  Not Hispanic or Latino |
| Race and Ethnic background information will not affect your eligibility and DSHS will not treat you differently because of your race, color, national origin, age, disability, or sex.Race examples: Black or African American, Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native, White, or any combination of races. |
| **Applicant**  |
| By submitting this application, you are authorizing your information to be shared with the Employment Security Department (ESD). This information will be used for the purpose of a Contribution Determination.  |
| **Acknowledgement and Signature** |
| By signing this application, I acknowledge that I am applying for the WA Cares Fund benefit. I swear, under penalty of perjury under the laws of the State of Washington, that I have given information that is true and correct to the best of my knowledge. Both the applicant and legal representative must sign unless there is a current representative document on file. If applicant is unable to sign, they may mark with an x. |
| Applicant’s Signature Date | Printed Name |
| Legal Representative’s Signature (if applicable) Date | Printed Name |
| Witness Signature (if signed with an X) Date | Printed Name |
| **What to expect next?** |
| You should expect a Contribution Determination letter from the Employment Security Department (ESD) within 14 business days by mail. If ESD provides you with an approved Contribution Determination letter, then the Department of Social and Health Services (DSHS) will contact you by phone to complete an intake and schedule your care needs assessment.  If ESD denies your Contribution Determination, or if you disagree with your determination, ESD will mail you information about the Contribution Determination review and appeal rights.  |
| **What to do next?** |
| **Set up your WA Cares account.** **If approved, you will be able to manage pre-authorizations and see benefit balances in your online WA Cares account. Be sure to set up your WA Cares account soon to track your application.** |
| **WA Cares Fund Benefits and Customer Care Center contact information:**  |
| Questions? Call the Benefits and Customer Care team at 844-CARE4WA  (844-227-3492)  |