WA Cares Fund Application for Long-Term Care Benefits

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: DSHS The WA Cares Fund PO Box 45612 Olympia, WA 98504-5612	• 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

Barcode Label Here

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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 ☐ No
If 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 ☐ No
Legal representatives must provide proof before making any decisions on your behalf.

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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 ☐ No Legal 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.

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Contribution Determination

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)

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