DSHS WASHINGTON STATE Department of Social and Health Services

WASHINGTON STATE COMBINED APPLICATION PROGRAM (WASHCAP)

Application

WASHCAP is a food assistance program for people who:

- Receive Supplemental Security Income (SSI).
- Meet Social Security Definition of living arrangement "A"
- Are eighteen years of age or older.
- Have no earned income.
- Have a living arrangement meeting all the conditions below:
  - Not living in an institution;
  - Living alone, or living with others who buy and cook food separately from them;
  - Not being married or married and not living with your spouse.
- If age of 18 through 21 and meet the conditions below:
  - Do not live with their parent(s) who receive Basic Food; or
  - Live with their parent(s) who don't get Basic Food and purchase food separately from them.
- Are not living with their children under age 22.

For more information on this program see chapter 388-492 WAC including WAC 388-492-0020 through 388-492-0120.

If you have questions about WASHCAP, call toll free 1 (877) 380-5784.

I declare that:

- I live alone, or I regularly buy and fix my food separately from other people in my house.
  I pay $_____ for rent / mortgage each month.
  MY SHARE

By signing below, I declare that:

- I have been told about WASHCAP.
- I understand my WASHCAP rights and responsibilities.
- I understand that I will receive my food benefits through WASHCAP.

I declare under penalty of perjury under the laws of the State of Washington that the information I gave in this application is true and correct.

SIGNATURE AND DATE	PRINT NAME

ADDRESS

MAILING ADDRESS, IF DIFFERENT

PRIMARY TELEPHONE NUMBER ((XXX) XXX-XXXX) ☐ CELL ☐ HOME ☐ MESSAGE	SECONDARY MESSAGE PHONE NUMBER ((XXX) XXX-XXXX) ☐ CELL ☐ HOME ☐ MESSAGE	SOCIAL SECURITY NUMBER OR CLIENT ID NUMBER

We use this information to:	We may give this information to:
• Decide who is eligible for our programs. • Collect overpayments. • Manage our programs. • Make sure we follow the law.	• Federal and state agencies for official use. • Law Enforcement agencies pursuing people who are fleeing to avoid the law. • Private collection agencies to collect food assistance overpayments.

Voter Registration

The Department offers voter registration services, including automatic voter registration. **Applying to register or declining to register to vote will not affect the services or amount of benefits that you may receive from this agency.** If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Washington State Elections Office PO Box 40229, Olympia, WA 98504-0229 (1-800-448-4881).

Voter Registration (continued)

Do you want to register to vote or update your voter registration? ☐ Yes ☐ No

If you do not check either box, we will consider you to have decided not to register to vote at this time, unless you are eligible for, and do not decline, automatic voter registration**.**

Unless you checked "No" above, you may be eligible for automatic voter registration. You are eligible for automatic voter registration if you will be at least 18 years old by the next election, you are a citizen of the United States of America, and DSHS has your name, residential and mailing address, date of birth, verification of citizenship information, and your signature attesting to the truth of the information provided on this application.

Do you want to be automatically registered to vote? ☐ Yes ☐ No

If you checked the box marked "Yes," or do not check either box and you meet automatic voter registration eligibility requirements, DSHS will send your information to the Office of the Secretary of State and you will be automatically registered to vote.

Food Assistance Penalty Warning

We check with other agencies that your information is correct. If any information is incorrect, the persons who apply may not get Food Assistance.

Any member who breaks any of the rules on purpose can be:

- Subject to prosecution under other applicable Federal and State laws.
- Barred from the SNAP for one year to permanently.
- Fined up to $250,000.
- Imprisoned up to 20 years.
- Barred from SNAP for an additional 18 months if court ordered.

If a court finds you guilty of:

Receiving benefits in a transaction involving:	**You may be:**
• The sale of a controlled substance	Disqualified from two years to permanently.
• The sale of firearms, ammunition, or explosives	Permanently disqualified.
• Trafficking benefits of more than $500 combined	Permanently disqualified.
• Residency or identity fraud	Disqualified for 10 years.

Civil Rights and Nondiscrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family / parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail**: USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314; or
2. **Email**: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: SNAP Hotline.

Nondiscrimination Statement
To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRMail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint. This institution is an equal opportunity provider.