WA Cares Fund Rights and Responsibilities

Beneficiary Name
WA Cares ID Number

Your Rights	Your Responsibilities
Being eligible for benefits means that you are approved for any of the services and supports WA Cares Fund provides, and you may choose which ones you want to use. **You have the right to:** • Be treated with dignity, respect, and without discrimination. • Choose approved services that meet your needs, once eligible. • Choose or change long-term services and supports providers. • Receive notification of the eligibility determination. • Receive written material in your preferred manner. • Receive written material in your preferred language.	**You are responsible for:** • Choosing one or more long-term services and supports provider(s) to provide desired approved services. • Negotiating service delivery and rates with one or more long-term services and supports provider(s) within the parameters of approved services. • Approving or denying pre-authorizations prior to the delivery of a service by a long-term services and supports provider. • Informing the department of a legal representative who will act on your behalf.

• Have interpreter services provided free of charge. • Make a complaint without fear of harm. • Assign or remove an authorized user to your account. • Refuse to answer questions or participate in the eligibility determination process. This may impact eligibility outcomes and access to benefits. • Appeal determinations made by the department.	• Notifying the department of changes in residence, contact information, or name within 30 calendar days of the change. • Designating authorized users to your account, if desired. • Defining the responsibilities of any authorized user. • Providing a safe environment for long-term services and supports providers delivering services; and if received, keep provider background check results private pursuant to chapter 43.43 RCW. • Submitting required documentation to WA Cares or providers when requested.
Voter Registration Services	
The National Voter Registration Act of 1993 requires all states to provide voter registration assistance through their public assistance offices. Applying to register or declining	

to register to vote will not affect the services or the benefits you will get. If you would like help filling out the voter registration form, we will help you. Your decision to register or to decline to register to vote will be kept confidential and only used for voter registration.

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 political preference, you may file a complaint with:

Washington State Elections Office
PO Box 40229
Olympia, WA 98504 – 0229
1 (800) 448-4881

Assistance

Contact WA Cares for assistance: 1-844-CARE4WA (844-227-3492).

Signature of Beneficiary or Legal Representative

By signing, you are acknowledging you have received your rights and responsibilities.

Beneficiary Signature	Date	Printed Name
Legal Representative's Signature (if applicable)	Date	Printed Name
Witness Signature (if signed with an "X")	Date	Printed Name

Notice for customers and employees (Title VI and VII): Washington State Department of Social and Health Services is an equal opportunity employer and does not discriminate in any area of employment, its programs or services on the basis of age, sex, sexual orientation, gender, gender identity/express, marital status, race, creed, color, national origin, religion or beliefs, political affiliation, military status, honorably discharged veteran, Vietnam Era, recently separated or other protected veteran status, the presence of any sensory, mental, physical disability or the use of a trained dog guide or service animal by a person with a disability, equal pay or genetic information.