*M.T.E. and Wagner v. DSHS*

**CADDAYNTA BIXIYAHA EE SHAQADA**

Waxaan caddaynayaa inaan ahaa Bixiye xirfadle oo Qof Ahaaneed ee adeegyada daryeelka qof ahaaneed ee Medicaid maalgaliso oo la noolaa adeegna siinayey helaha adeegyada daryeelka qof ahaaneed ee Medicaid maalgaliso kaasi oo ahaa, wakhtiga adeegga, mid kayar 18 jir, inta u dhaxaysay Luulyo 1, 2005 iyo Noofambar 30, 2011 (Wakhtiga Xiisadda).

Waxaan caddaynayaa inaan siiyey adeegyada daryeelka qof ahaaneed oo ka badan xaddiga ay oggolayd DSHS muddada bilaha lagu caddeeyey Wakhtiga Xiisadda.

Sidoo kale waxaan caddaynayaa inaan lacagteeda la i siin adeegyada daryeelka qof ahaaneed ee aan qabtay ee ka badan xaddiga ay oggolayd DSHS muddada bilaha la caddeeyey.

Waxaan caddaynayaa in macluumaadka ku qoran Foomkan Sheegasho ay run iyo sax yihiin. Waan fahamsanahay in bixinta lacagta aan sheeganayo ay ku lug yeelan karto lacagaha Medicaid ee fadaraal ahaan loo maalgaliyo.

Waxaan oggolaanayaa Nickerson & Kaaliyayaashiisu inay ka helaan wixii macluumaad daruuri ah Waaxda Washington ee Adeegyada Bulshada iyo Caafimaadka iyo/ama helaha Medicaid ee aan siiyey adeegyada kaasi oo ku cad foomka sheegashada ee ku lifaaqan si ay u xaqiijiyaan caddaytan.

Saxeexa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taariikhda: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daabac Magacaaga (waajib): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Magaca Qofka helay adeegyada (waajib):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taariikhda Dhalashada qofka helay adeegyada (waajib):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waa **inaad** ku darto macluumaadka soo socda foomkan sheegashada: (1) taariikhaha aad la noolayd ilmaha ah helaha Medicaid ee aad siisay adeegyada daryeelka qof ahaaneed ee ka badan inta ay oggolayd DSHS (bisha/sannadka); (2) cinwaanka meesha aad ku noolayd; iyo (3) Ilmaha ah helaha Medicaid ee aad siisay adeegyada daryeelka qof ahaaneed. Fadlan ka fiiri agabka “Tilmaamaha Foomka Sheegashada” ee kujira meesha ka hoosaysa “Caddaynta”liis nooca dokumentiyada ay tahay in la gudbiyo si loo aasaaso cunsur kasta.

Cinwaanka Hadda: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Jidka ama Sanduuqa Boosta)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Magaalada, Gobolka iyo Sibkoodhka

Maalinta/Fiidka

Lambarrada Taleefanada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (maalinta) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (eve.)

Fadlan ku dar lambarkaaga aqoonsiga DSHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_