

## APPLY FOR SERVICES ONLINE

You may need to provide information about the following when filling out the online application:

- Name
- Date of birth
- Citizenship or alien status
- Social Security number
- Income (including child support)
- Assets and resources
- Housing costs
- Utility costs
- Child care costs

## WHY USE WASHINGTON CONNECTION?

- It's a free and secure website.
- It's easy to quickly find out what services you may be eligible for.
- You can complete an online application within an hour.
- You can access federal, state, tribal, and local resources online.
- You can manage your account on your own time.

# WASHINGTON CONNECTION

your link to services



- ✓ Explore Services
- ✓ Screen for Eligibility
- ✓ Apply for Services Online
- ✓ Find Referral Information

[www.washingtonconnection.org](http://www.washingtonconnection.org)

Please use the **Contact Us** link at the bottom of Washington Connection website if you have any questions.



Find out what services and benefits are available to you.

## SCREEN ELIGIBILITY AND APPLY ONLINE

- Food, cash, medical assistance
- Child care subsidy
- Home, community and residential long-term care services
- Assisted living care
- Drug and alcohol treatment

## SCREEN ELIGIBILITY AND FIND REFERRAL INFORMATION

- Federal Earned Income Tax Credit
- Federal Student Aid
- WIC nutrition program
- Tribal TANF
- Housing assistance
- Home energy assistance
- Foster youth assistance
- Vocational rehabilitation
- Assistance for veterans
- Child support services

## EXPLORE ADDITIONAL RESOURCES

- Food banks
- WIC nutrition program
- Housing assistance
- Utility assistance
- Health and dental care
- Emergency shelter
- Legal help
- Transportation
- Mental health services
- Education resources
- Employment and training
- Washington Tribal and American Indian Organizations
- Treatment centers
- Child care services
- Domestic violence



## IMPORTANT INFORMATION

(FOR YOUR PERSONAL USE ONLY)

USER ID \_\_\_\_\_

TRACKING NUMBER \_\_\_\_\_

TEMPORARY ACCESS CODE \_\_\_\_\_

DSHS CLIENT ID \_\_\_\_\_

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

## CONTACT INFORMATION

(NAME / AGENCY) \_\_\_\_\_ (PHONE NUMBER) \_\_\_\_\_

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