


Understanding your Appointment for Eligibility Review letter

YAKIMA
PO BOX 11699
TACOMA WA 98411-6699

 Washington State
Department of Social
& Health Services

Phone #
TTY/TDD #
Toll Free # 877-501-2233

02/19/16

MICHAEL DOWNS
1002 N 16TH AVE
YAKIMA WA 98902-1352

Client ID # 123456789

Dear MICHAEL DOWNS

Your benefits will end 10/31/16 unless you do all of the following.

1. Complete your review online at www.washingtonconnection.org or complete and return the enclosed form. For best service, do this by 10/10/16.
2. For cash and food assistance, complete an interview between and except on holidays.
3. Provide all verifications we request.

You can complete the interview by calling 877-501-2233 or by coming into the office. Our interview hours are Monday through Friday between 8:00 AM and 2:00 PM.

This is a list of things you may need for your interview:

- Social Security Numbers if not already provided.
- Proof of income, such as: copies of checks, check stubs, letters or statements from anyone who gave your household money.
- Proof of resources you may have, such as: vehicle registration, bank statements, stocks, bonds, life insurance policies.
- Proof of costs for child care or dependent adult care such as: a receipt from your provider.
- Proof of housing costs such as: mortgage payments, property tax payments, homeowner's insurance, rent receipts, copy of your lease, utility bills, letter from your landlord.
- Other proof such as: unpaid medical bills, health insurance premiums, pregnancy with due date, changes to your immigration or citizenship status, adoption support or foster care payments.

How to contact us

Your case number

Benefits will end on this date

Be sure to do this

Options for completing your review

Items you may need for your review.

You can:

- Apply for benefits, submit a review, or report changes at www.washingtonconnection.org.
- Fax information to us at 866-515-8605.

Write your client ID on all copies you send us. Your client ID is 12345678.

If you want to talk to us about your application or eligibility review call 509-225-6200.

Attachment(s): 14-078 Eligibility Review
14-113 Client Rights and Responsibilities
14-520 Your DSHS Cash or Food Assistance Benefits

Insert(s): Postage Paid Return Envelope - CSD

0013-03 Weekly Appointment for Eligibility Review

Client ID# 123456789