



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
ECONOMIC SERVICES ADMINISTRATION

**Date**

**Name and Mailing Address**

Muurundaana kartidantite (ID):

ProviderOne ID:

Xanne:

**An ga deemene golli kitayen ña moxobe**  
**Supported Employment Services**

Dunḡaye raawa ñaana ti an ña **golli kitayen deemanden** di.

**Golli kitayen deemandun** faayi:

- Na an geesu katta gollen ña do nan seerandi: An raawa ga golle kitana moxobe ma an ga sabatini an gollen ña moxobe.
- Golli muuriyen fo jaye katta gollixerexerente yi: Geesundaanon wa an deemana ti golli sire ya a ga kite waxati su ya.
- Na an xaaya katta gollen ña: I wa an deemana an linḡun gollun moxonun ña nan saage nan golli tuwinton ñanmoxo siren koyi an ña.

Musaqa nta do golli kitayen deemanden ña, saraxaso, finkinto a do loojurunto (ABD) n xa wa kappa a yi nan kafu bisimilanden do faaju xerexerenton (HEN) muurundaanon ña, fo beenu ga Medicaid n kitana.

Amerigroup n xiri kuudo an toxon raga roono ku gollu di moxobe do an ga munnafa kitta moxobe.

**Amerigroup:**

- Xirindaade: 1-844-451-2828
- Email: [FCSTPA@amerigroup.com](mailto:FCSTPA@amerigroup.com)

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KAFON TUWAANA XEREXERENTE

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XIRINDAADE

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