

Application

WASHCAP is a food assistance program for people who:

- Receive Supplemental Security Income (SSI).
- Meet Social Security Definition of living arrangement "A"
- Are eighteen years of age or older.
- Have no earned income.
- Have a living arrangement meeting all the conditions below:
 - Not living in an institution;
 - Living alone, or living with others who buy and cook food separately from them;
 - Not being married or married and not living with your spouse.
- If age of 18 through 21 and meet the conditions below:
 - Do not live with their parent(s) who receive Basic Food; or
 - Live with their parent(s) who don't get Basic Food and purchase food separately from them.
- Are not living with their children under age 22.

This program is the food assistance program for most people who meet these conditions. For more information on this program see chapter 388-492 WAC including WAC 388-492-0020 through 388-492-0120.

If you have questions about WASHCAP, call toll free 1 (877) 380-5784.

Voter Registration

The Department offers voter registration services as required by the National Voter Registration Act of 1993. **Applying to register or declining to register to vote will not affect the services or amount of benefits that you may be provided by this agency.** If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private. 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 other political preference, you may file a complaint with: Washington State Elections Office PO Box 40229, Olympia, WA 98504-0229 (1-800-448-4881).

Do you want to register to vote or update your voter registration? Yes No

If you do not check either box, you will be considered to have decided not to register to vote at this time.

I declare that:

- I live alone, or I regularly buy and fix my food separately from other people in my house.
- I pay \$ _____ for rent / mortgage each month.
MY SHARE

By signing below, I declare that:

- I have been told about WASHCAP.
- I understand my WASHCAP rights and responsibilities.
- I understand that I will receive my food benefits through WASHCAP.

I declare under penalty of perjury under the laws of the State of Washington that the information I gave in this application is true and correct.

PRINT NAME	SOCIAL SECURITY NUMBER OR CLIENT ID NUMBER
ADDRESS	TELEPHONE NUMBER (XXX) XXX-XXXX
	MESSAGE PHONE NUMBER (XXX) XXX-XXXX
MAILING ADDRESS, IF DIFFERENT	SIGNATURE AND DATE

