



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Xobaana ID:

Gollu:

O faajun wa ku xibaaru ya na a faayi gelli an do golle keg an xawa (an gar a wa wutti) _____:

Selli an faajun ga deemande yi, ma dimma gabe ya na ku fiinu fo wo fo xay, ken ɗa, n xiri _____.

An ga ma ku xibaari tirindintu kini, balle ra wa ɗaana an deemande ke danɗa.

Kafundon golliranka

Telefon nimeero: _____