



DATE

I.D. #: *123456789*

NAME
ADDRESS
CITY, STATE ZIP

Dear Basic Health Applicant:

Thank you for your interest in Basic Health coverage. Unfortunately, due to budget limitations, we cannot add new members to the program right now.

We will keep your name and address on file, and notify you if space becomes available. If you receive a notice stating that space is available, you may need to submit a new application. **If you have a change of address, call us at 1-800-660-9840.**

If you applied as a Foster Parent, Personal Care Worker, Health Coverage Tax Credit (HCTC), or Washington National Guard or Reserves, please contact us at 1-800-660-9840 right away.

If you sent an application for coverage for your children through Basic Health *Plus* or for the Maternity Benefits Program, we have forwarded it to the Department of Social and Health Services (DSHS) to determine if your family member(s) qualify.

If you are applying for your children, DSHS offers coverage through Apple Health for Kids. Children 18 and younger could be eligible at no cost or with a premium of \$30 or less per month. For questions regarding this program, call 1-800-204-6429.

As you wait for space, you may be eligible through DSHS. To see what programs you or a family member may be eligible for, you can go to the DSHS trial eligibility calculator at <http://www.dshs.wa.gov/esa/TEC/>. This site will allow you to:

- Complete and submit an on-line application,
- Download an application to mail in, or
- Locate your local Community Service office.

If you do not have internet access and you would like to apply, please call 1-877-514-3663 to request a DSHS application.

Please visit the Basic Health Web site at www.basichealth.hca.wa.gov for updates on the program.

Sincerely,

Basic Health

Washington State Health Care Authority
P.O. Box 42683 • Olympia, WA 98504-2683
1-800-660-9840 • FAX 360-923-2610 • TTY 360-923-2701 or Toll-free 1-888-923-5622 •
www.basichealth.hca.wa.gov