



Basic Health™

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 child(ren) 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 found ineligible for children or maternity benefits, please contact us.

Please visit the Basic Health Web site at [www.basichealth.hca.wa.gov](http://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](http://www.basichealth.hca.wa.gov)