



DATE

I.D. #: *123456789*

NAME
ADDRESS
CITY, STATE ZIP

Dear Basic Health Applicant:

Thank you for applying for Basic Health coverage. Recently, we sent you a letter telling you we needed additional information to determine if you qualify for Basic Health. We no longer need this information. Unfortunately, due to budget limitations, we cannot add new members to the program right now.

We will keep your application and notify you if space becomes available. At that time, you may need to reapply. **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 applied for coverage for your child(ren) through Basic Health *Plus* or for the Maternity Benefits Program, we have forwarded your application to the Department of Social and Health Services (DSHS) to determine if your family member(s) qualify. Your family member(s) who applied for either of these programs may already have been enrolled. If so, they will remain enrolled in these programs as long as they 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 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