

Washington Apple Health Application for Tailored Supports for Older Adults (TSOA)

<p>What is TSOA?</p>	<p>TSOA is a program that helps caregivers who are caring for a family member for free. It also can provide some help if you do not have a family member who helps you. Services include:</p> <ul style="list-style-type: none"> • Respite care or home delivered meals. Respite care can pay someone to give your caregiver a break. • Medical equipment and supplies, such as a bath bench or incontinence supplies, like adult diapers. • Training and education, such as Powerful Tools for Caregivers training. • Things that can help your caregiver, like mental health counselling or massage therapy. • Some help with personal care needs if you do not have a family caregiver.
<p>Who can get TSOA?</p>	<ul style="list-style-type: none"> • You are age 55 or older. • You have a family member who helps for free, but your caregiver needs help; or • You need help and do not have a family member who helps you on a regular basis.
<p>You can fill out this form or apply online.</p>	<p>To apply online, go to www.washingtonconnection.org.</p>
<p>Information you need to apply: (If married, give us your spouse's information, too.)</p>	<ul style="list-style-type: none"> • Social security number • Birthdate • Marital status • Immigration status • Income • Resource information (such as bank account balances, stocks, bonds, trusts, retirement accounts)
<p>Why do we ask for so much information?</p>	<p>We have to figure out whether you qualify. We keep your information private as required by law.</p>
<p>I filled out my application. Now what?</p>	<ul style="list-style-type: none"> • Make sure you sign your application. • Mail it to: DSHS Home and Community Services – Long Term Care Services PO Box 45826, Olympia, WA 98504-5826; or • Fax it to 1-855-635-8305; or • Take it to a local Home and Community Services (HCS) office. See http://www.alsa.dshs.wa.gov/Resources/clickmap.htm for locations; or • Apply online at www.washingtonconnection.org
<p>For more information:</p>	<ul style="list-style-type: none"> • Call our toll-free number at 1-855-567-0252 • Contact your local Area Agency on Aging (AAA) office and ask to speak with a Family Caregiver specialist. Find your local AAA office here: www.waclc.org • To locate a local HCS office see http://www.alsa.dshs.wa.gov/Resources/clickmap.htm • We have an Information Sheet that tells you about TSOA and other programs. TSOA may not be right for you.

Tailored Supports for Older Adults (TSOA) Rights and Responsibilities

We have to tell you this information. Don't skip it.

Your rights (we must):

Explain to you your rights and responsibilities if you ask.

Help you if you have a disability. We describe this help in a rule. See WAC 182-503-0120.

We will help you read and fill out any form if you need help. Call your local Home & Community Services Office. Locations are at:

<http://www.altsa.dshs.wa.gov/Resources/clickmap.htm>

If you need an interpreter or translator services, let us know. We will not charge you. We will get one for you right away.

Keep your personal information private. We will only share information with other state and federal agencies to see if you are eligible and get you on the program.

Make a decision as quickly as we can.

If we need more information, we will tell you. You will have 10 calendar days to give us that information. If you ask for more time, we will give you more time. Give us the information in 10 calendar days or ask us for more time. If you do not, you will not get TSOA.

We will help you if you have trouble getting information we need.

Give you a written decision, in most cases, within 45 days.

You do not have to talk to an investigator if we audit your case. You do not have to let an investigator into your home. Not talking to an investigator will not affect whether you get TSOA.

Give you the opportunity to appeal if you disagree with a determination made by the Department of Social and Health Services (DSHS) that affects your eligibility for TSOA. By asking for an appeal, you will be scheduled an Administrative Hearing.

Treat you fairly. Discrimination is against the law. DSHS and the Health Care Authority (HCA) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. DSHS and HCA does not exclude

people or treat them differently because of their race, color, national origin, age, disability, or sex.

DSHS and HCA also comply with applicable state laws and do not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

DSHS and HCA:

- Provide free aids and services to people with disabilities so they can communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact 1-855-567-0252.

If you believe that DSHS or HCA has failed to provide these services or discriminated in another way, you can file a grievance with:

- **DSHS**
ATTN: Constituent Services
PO Box 45131
Olympia, WA 98504-5131
1-800-737-0617
Fax: 1-888-338-7410
askdshs@dshs.wa.gov
- **HCA Division of Legal Services**
ATTN: Compliance Officer
PO Box 42704
Olympia, WA 98501-2704
1-855-682-0787
Fax: 1-360-507-9234
compliance@hca.wa.gov

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the DSHS Constituent Services or HCA Division of Legal Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at
www.hhs.gov/ocr/office/file/index.html.

Your responsibilities (you must):

If requested by the agency, provide any information or proof needed to decide if you are eligible.

SSN and Immigration Status Disclosure. You have to give us your Social Security Number (SSN) or immigration document number. We need this to decide if you are eligible. We use your SSN to confirm your identity, citizenship, immigration status, date of birth, and whether you have other health care coverage. **We do not share this information with Homeland Security.**

Report changes as required in our rules within 30 days of the change. **Read your approval letter to see what changes you must report.**

Complete renewals when we ask you.

Cooperate with Quality Assurance staff if we ask you to.

Things you should know:

There are state and federal laws that govern how we process your application. They also govern your rights and your responsibilities as an applicant and if you get TSOA services, too. By applying, you agree to follow these laws. If you get TSOA, you agree to follow the laws that apply.

A federal law requires us to help you register to vote if you want to. You can decide to register or not. That decision will not affect our decision about services or benefits. You can also register to vote at www.vote.wa.gov or get a voter registration form by calling 1-800-448-4881.

Health Insurance Portability and Accountability Act (HIPAA) restrictions prevent HCA and DSHS from discussing the health information of you or any member of your household with anyone, including an authorized representative, unless that individual has power of attorney or you have signed a consent form authorizing the disclosure of this information. This includes disclosure of mental health information, HIV, AIDS, STD test results, or treatment and chemical dependency services.

The Affordable Care Act prevents DSHS from giving the personally identifiable information (PII) of you or any member of your household to anyone who is not authorized to receive it.

The information that you give DSHS is subject to verification by federal and state officials for purposes of determining your eligibility for the TSOA program. Verification can include follow-up contacts from DSHS staff.

[English] Language assistance services, including interpreters and translation of printed materials, are available free of charge. Call 1-800-562-3022 (TRS: 711).

[Amharic] የቋንቋ እገዛ አገልግሎት፣ አስተርጓሚ እና የሰነድ ጽሑፍ ትርጉም ጨምሮ በነጻ ይገኛል። 1-800-562-3022 (TRS: 711) ይደውሉ።

[Arabic] خدمات المساعدة في اللغات، بما في ذلك المترجمين الفوريين وترجمة المواد المطبوعة، متوفرة مجاناً، اتصل على رقم (TRS: 711) 1-800-562-3022.

[Burmese] ဘာသာပြန်ဆိုသူများနှင့် ထုတ်ပြန်ထားသည့် စာရွက်စာတမ်းများဘာသာပြန်ခြင်းအပါအဝင် ဘာသာစကားအထောက်အကူဆောင်ရွက်မှုများကို အခမဲ့ရရှိနိုင်ပါသည်။ 1-800-562-3022 (TRS: 711) ကိုဖုန်းခေါ်ဆိုပါ။

[Cambodian] សេវាជំនួយភាសា រួមមានទាំងអ្នកបកប្រែផ្ទាល់មាត់ និង ការបកប្រែឯកសារបោះពុម្ព គឺអាចរកបានដោយឥតគិតថ្លៃ។ ហៅទូរស័ព្ទទៅលេខ 1-800-562-3022 (TRS: 711)។

[Chinese] 免费提供语言协助服务，包括口译员和印制资料翻译。请致电 1-800-562-3022 (TRS: 711)。

[Korean] 통역 서비스와 인쇄 자료 번역을 포함한 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-562-3022 (TRS: 711)번으로 전화하십시오.

[Laotian] ການບໍລິການດ້ານພາສາ, ລວມທັງມາຍແປພາສາ ແລະ ການແປເອກສານຕີພິມ, ມີໄວ້ໃຫ້ພຣິໂດຍບໍ່ຄິດຄ່າ. ໂທຫາເລກ 1-800-562-3022 (TRS: 711).

[Oromo] Tajajilli gargaarsa afaanii, nama afaan hiikuu fi ragaalee maxxanfaman hiikuun, kaffaltii malee ni argattu. 1-800-562-3022 (TRS: 711) irratti bilbilaa.

[Persian] خدمات کمک زبانی، از جمله مترجم شفاهی و ترجمه اسناد و مدارک (مطالب) چاپی، بصورت رایگان ارائه خواهد شد. با شماره 1-800-562-3022 (TRS: 711) تماس بگیرید.

[Punjabi] ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ—ਦੁਭਾਸ਼ੀਏ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋਈ ਸਮੱਗਰੀ ਦੇ ਅੰਨ੍ਹਵਾਦ ਸਮੇਤ—ਮੁਫ਼ਤ ਉਪਲੱਬਧ ਹਨ। 1-800-562-3022 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Romanian] Serviciile de asistență lingvistică, inclusiv cele de interpretariat și de traducere a materialelor imprimate, sunt disponibile gratuit. Apelați 1-800-562-3022 (TRS: 711).

[Russian] Языковая поддержка, в том числе услуги переводчиков и перевод печатных материалов, доступна бесплатно. Позвоните по номеру 1-800-562-3022 (TRS: 711).

[Somali] Adeego caawimaad luuqada ah, ay ku jirto turjubaano afka ah iyo turjumid lagu sameeyo waraaqaha la daabaco, ayaa lagu helayaa lacag la'aan. Wac 1-800-562-3022 (TRS: 711).

[Spanish] Hay servicios de asistencia con idiomas, incluyendo intérpretes y traducción de materiales impresos, disponibles sin costo. Llame al 1-800-562-3022 (TRS: 711).

[Swahili] Huduma za msaada wa lugha, ikiwa ni pamoja na wakalimani na tafsiri ya nyaraka zilizochapishwa, zinapatikana bure bila ya malipo. Piga 1-800-562-3022 (TRS: 711).

[Tagalog] Mga serbisyong tulong sa wika, kabilang ang mga tagapagsalin at pagsasalin ng nakalimbag na mga kagamitan, ay magagamit ng walang bayad. Tumawag sa 1-800-562-3022 (TRS: 711).

[Tigrigna] ተርጉምቲን ናይ ዝተፀሓፉ ማተርያላት ትርጉም ሓዲሱ ናይ ቋንቋ ሓገዝ ግልጋሎት፣ ብዘይ ምንም ክፍሊት ይርከቡ። ብ 1-800-562-3022 (TRS: 711) ደውሉ።

[Ukrainian] Мовна підтримка, у тому числі послуги перекладачів та переклад друкованих матеріалів, доступна безкоштовно. Зателефонуйте за номером 1-800-562-3022 (TRS: 711).

[Vietnamese] Các dịch vụ trợ giúp ngôn ngữ, bao gồm thông dịch viên và bản dịch tài liệu in, hiện có miễn phí. Gọi 1-800-562-3022 (TRS: 711).

Tailored Supports for Older Adults (TSOA) Application

I. Applicant Name and Contact Information			
1. First name Middle initial Last name		2. Client ID (if you know it)	
3. Address where you live		City	State ZIP code
4. Mailing address (if different)		City	State ZIP code
5. Primary phone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Message ()		6. Secondary phone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Message ()	
II. Caregiver Name and Contact Information			<input type="checkbox"/> Check here if you do not have a caregiver
7. Name of your caregiver		8. Phone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Message ()	
9. Address of caregiver		City	State ZIP code
10. Relationship to you			
III. Authorized Representative Information			
<p>An authorized representative is an adult you authorize to act on your behalf about your application. Your authorized representative can sign and submit your application for you and can receive letters about it from us. An organization can also be your authorized representative if the organization is your guardian.</p>			
1. Do you have an authorized representative? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Do you want your authorized representative to receive letters from us about your application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is your authorized representative also your legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____			
4. Is your authorized representative also your power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____			
5. Is your authorized representative also your caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Authorized representative name/organization		7. Phone number ()	
8. Mailing address of authorized representative			
IV. Marital Status			
<input type="checkbox"/> Not married			
<input type="checkbox"/> Married living with spouse			
<input type="checkbox"/> Married living apart from spouse			
<input type="checkbox"/> In a registered domestic partnership			

HCA 18-008 (7/20)



18008

V. Information About Your Household (List only yourself and your spouse, if married)								
						Optional for your spouse if not applying for TSOA		
Name (First, middle, last)	Sex: M or F	How is this person related to you?	Date of birth	Check if you want services for this person	Social Security number	Check if U.S. Citizen	Race (see below)	Tribe name (for American Indians, Alaska Natives)
		Myself		<input type="checkbox"/>		<input type="checkbox"/>		
		Spouse		<input type="checkbox"/>		<input type="checkbox"/>		
VI. General Information								
<p>1. My ethnic background is Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Race and Ethnic background information is voluntary. (Race examples: White, Black or African American, Asian, Native Hawaiian, Pacific Islander, American Indian, Alaska Native, or any combination of races)</p>								
<p>2. My spouse or I is a sponsored alien? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____</p>								
<p>3. I need an interpreter. I speak: _____ or <input type="checkbox"/> sign; translate my letters into: _____</p>								
VII. Earned Income (Attach Proof – For example your paystub or a statement from your employer)								
<p>Note: American Indians/Alaska Natives do not have to report certain income, such as distributions from Alaska Native Corporations and Settlement Trusts, property held in trust, and ownership of natural resources and improvements; payments from fishing, natural resource extraction and harvests; payments from ownership of items that have unique religious, spiritual, traditional, or cultural significance; and Bureau of Indian Affairs student financial assistance.</p>								
1. I have income from work? <input type="checkbox"/> Yes <input type="checkbox"/> No					Employer's name			
Employer's phone		Date I started this job			Is this job self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gross amount received (dollar amount before deductions) \$ _____ every: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly								
Hours per week: _____ Pay dates (e.g., 1 st and 15 th , or every Friday): _____								
2. My spouse has income from work? <input type="checkbox"/> Yes <input type="checkbox"/> No					Spouse's employer's name			
Spouse's employer's phone		Date spouse started this job			Is this job self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gross amount received (dollar amount before deductions) \$ _____ every: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly								
Hours per week: _____ Pay dates (e.g., 1 st and 15 th , or every Friday): _____								

VIII. All Other Income (You or your spouse)

(Attach Proof – For example, award letters, statements, annuity documents)

Examples are:

- Social Security
- Pension
- Sales contracts/ promissory notes
- Veteran Administration (VA) or Military Benefits
- Rental income
- Unemployment benefits
- Interests/dividends
- Spousal maintenance
- Gifts (cash support/ gift cards)
- Trusts
- IRA/401(k)
- Labor and Industries (L&I)
- Tribal income
- Annuity
- Railroad benefits

Unearned Income Type	Who Gets the Income	Gross Monthly Amount	Who Gets the Income	Gross Monthly Amount
		\$		\$
		\$		\$

IX. Resources (Attach Proof – For example, copies of bank statements, legal documents or insurance policies)

A resource is anything you own or are buying that can be sold, traded, or converted into cash or money. This includes things held by others. A resource does not include personal property such as furniture, clothing, personal effects, including jewelry.

Examples of resources are:

- Cash
- Your home
- Life estate
- Trusts/annuities
- Business equipment
- Checking accounts/CDs
- IRA/401K/retirement funds
- Life insurance policies
- Funeral arrangements
- Sales contracts
- Stocks/bonds
- Land/other property
- College funds
- Farm equipment/livestock
- Mutual funds
- Timeshares

Resource Type	Who Owns	Location	Value	Resource Type	Who Owns	Location	Value
			\$				\$
			\$				\$
			\$				\$

VEHICLES: List any vehicles owned by you and your spouse. This includes: cars, trucks, vans, boats, RVs, trailers, or other motor vehicles.

Year (e.g., 2010)	Make (Toyota)	Model (Camry)	Check if Leased	Amount Owed
			<input type="checkbox"/>	\$
			<input type="checkbox"/>	\$

X. Read Carefully Before Signing

Administrative Hearing Rights: If you disagree with a decision we made, you can file an appeal to have a hearing. You may also ask a supervisor and administrator for help. You can still have a hearing even if you ask for this help.

XI. Voter Registration

The Department offers voter registration services, including automatic voter registration.

Applying to register or declining to register to vote will not affect the services or amount of benefits that you may receive from this agency. If you would like help 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, we will consider you to have decided not to register to vote at this time, unless you are eligible for, and do not decline, automatic voter registration.

Unless you checked "No" above, you may be eligible for automatic voter registration. You are eligible for automatic voter registration if you will be at least 18 years old by the next election, you are a citizen of the United States of America, and DSHS has your name, residential and mailing address, date of birth, verification of citizenship information, and your signature attesting to the truth of the information provided on this application.

Do you want to be automatically registered to vote? Yes No

If you checked the box marked "Yes," or do not check either box and you meet automatic voter registration eligibility requirements, DSHS will send your information to the Office of the Secretary of State and you will be automatically registered to vote.

XI. Declaration and Signature

I have read and understood the information in this application. I declare, under penalty of perjury under the laws of the State of Washington, that the information I have given in this application, including the information concerning my citizenship and immigration status, is true, correct, and complete to the best of my knowledge.

Signature of Applicant or Authorized Representative

Date

Printed Name of Applicant or Authorized Representative