

Foomka Ku Dhawaaqidda Xaalka Xabisnaan La'aanta

U isticmaal foomkan in aad u caddayso in adiga ama ilmahaaga yar aanu hadda ku xabisnayn magaalada, degmada, gobolka, ama xabsiga federaalka. Xaalka xabisidda waxay saameynaysaa u-qalmitaanka caymiska caafimaadka bilaashka ah ama qiimaha jaban ee loo marayo *Washington Healthplanfinder*.

Aqoosniga Codsiga (ikhtiyaari)	Lambarka Damaannada Bulshada	Taariikhda maanta (mm/bb/ssss)
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Macluumaadka Codsadaha /Ilmaha Yar

Magaca hore	Xarafka hore ee magaca dhexe	Magaca dambe
Taariikhda dhalashada (mm/bb/ssss)	Lambarka telefoonka maalintii	Cinwaan Emayl
Cinwaanka waddada	Lr. Guriga/Ste. #	
Magaalada	Gobolka	Summadda Deegaanka
		Degmada

Foomkan waa in lagu xaqiijiyo in, _____ (ku qor magacaaga ama magaca ilmahaaga), aan xabisnayn waqtiga aan soo gudbinayo codsigeyga caymiska caafimaadka ee loo marayo *Washington Healthplanfinder*.

Akhri oo Saxiix foomkan

Waxaan qirayaa aniga oo hoostagaya sida ay qabto ciqaabta dhaarbeeneedka in macluumaadka ku qoran dokumeentigan in ay run iyo sax tahay iyo in khiyaano kasta ama khalad u fadiridda macluumaad kasta ee loo soo bandhigay sida qayb ka mid ah codsigeyga caymiska caafimaadka ee loo marayo *Washington Healthplanfinder* ay ka koobnaan karto sababaha ka saaridda isqoritaanka.

Saxiixa codsadaha	Taariikhda saxiixa (b/m/s)
X	
Saxiixa Masuulka Sharciga ah/Waalidka (haddii la heli karo)	Taariikhda saxiixa (b/m/s)
X	
Magaca Koowaad iyo Dambe ee Waalidka/Masuulka Sharciga ah (fadlan qor)	

Marka aan calaamad saaro khaanadaan, Waxaan ku qirayaa in aan anigu ahay waalidka ama masuulka sharciga ah ee ilmaha yar ee lagu qoray foomkan waxaana ku saxiixayaa ayaga magacooda.

U soo gudbi foomka:

Soo geli foomkan dhammeystiran xisaabtaada *Washington Healthplanfinder* ama boostada ugu dir:

Washington Healthplanfinder
PO Box 946
Olympia, WA 98507-1757

Discrimination is Against the Law

The Washington Health Benefit Exchange/Health Care Authority waxay u hoggaansantahay sharciyada xuquuqaha rayidka Dowlada mana midab soocayso midab takoor kusalaysan jinsiyad, midab, asal dhallasho, da', naafonimo, ama nooca uu qofku yahay. The Washington Health Benefit Exchange/Health Care Authority dadka uguma reebayso ama ulama dhaqmayso si dadka kale ka duwan sabab jinsiyeed, midab, asal dhallasho, da', naafonimo, ama nooc qofka ah darteeda.

Waxay sidoo kale Washington Health Benefit Exchange/Health Care Authority u hoggaansamayaan sharciyada dowlada la dabakhayo mana samaynayaan midab takoor kusalaysan asalo caqiido, nooc, hadalka nooca qofka ama shakhsiyada, jihayn galmo, xaalad guur, diin, xaalado ciidan ama halyeel hore oo si sharaf leh loo sii daayay, ama isticmaalka hagir ay tababaran ama adeeg xayawaan oo caawiyo qof naafonimo qabba.

The Washington Health Benefit Exchange/Health Care Authority:

Waxay bixisaa caawimaado bilaash ah iyo adeego la siiyo dadka qaba naafooyin si ay noogula xiriiraan si heer sare ah sida;

- Turjubaano luuqada indhoolayaasha ah oo aqoon u leh
- Macluumaad qoran oo qaabab kale ah (far waaweyn, dhagaysi, qaabab qoraalo eliktaronig ah oo la heli karo, iyo qaabab kale)

Waxay bixisaa adeego luuqad bilaash ah oo la siiyo dadka luuqadooda asalka ahi aanan ahayn Ingiriisi, sida;

- Turjubaano aqoon u leh
- Macluumaad ku qoran luuqado kale

Haddii aad u baahantahay adeegahan, laxiriir 1-855-923-4633.

Haddii aad aaminsantahay in Washington Health Benefit Exchange/Health Care Authority ku guuldaraysteen in ay bixiyaan adeegahaan ama loo midab takooray qaab kale, waxaad fayl cabasho u diri kartaa:

Washington Health Benefit Exchange Legal Department ATTN: Legal Division Equal Access/Equal Opportunity Coordinator PO BOX 1757 Olympia, WA 98507-1757 1-855-859-2512 Fax: 360-841-7653 appeals@wahbexchange.org	Health Care Authority Division of Legal Services ATTN: Compliance Officer PO Box 42700 Olympia, WA 98504-2700 1-855-682-0787 Fax: 360-586-9551 compliance@hca.wa.gov
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Waxaad u samayn kartaa faylka cabashada qaab shakhsiyeed ama qaab boosto, faakis, ama iimayl. Haddii aad u baahantahay in laguugu caawiyo fayl garaynta cabashada, Waaxda Sharciga the Washington Health Benefit Exchange Legal Department/Health Care Authority Division of Legal Services waxay diyaar u tahay in ay adiga kugu caawiso arintaasi.

Sidoo kale waxaad u samayn kartaa fayl cabasho xuquuqaha rayidka ah dhinaca Waaxda Adeegaha Caafimaadka iyo Bani'aadamka Mareykanka, Xafiiska Xuquuqaha Rayidka, qaab eliktaronig ah tooska bogga internetka Xafiiska Cabashada Xuquuqaha Rayidka, laga helo cinwaankan <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, ama qaab iimayl ama teleefoon halkan:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

Foomamka cabasho waxaa laga heli karaa cinwaankan <http://www.hhs.gov/ocr/office/file/index.html>

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-855-923-4633 (TTY: 1-855-627-9604).

Spanish - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-923-4633 (TTY: 1-855-627-9604).

Chinese - 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-923-4633 (TTY: 1-855-627-9604)。

Vietnamese - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-923-4633 (TTY: 1-855-627-9604).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-923-4633 (TTY: 1-855-627-9604)번으로 전화해 주십시오.

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-923-4633 (телетайп: ТТТ: 1-855-627-9604).

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-923-4633 (TTY: 1-855-627-9604).

Ukrainian - УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-923-4633 (телетайп: ТТТ: 1-855-627-9604).

Cambodian (Khmer) - ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរសំរាប់ជំនួយផ្នែកភាសាដោយមិនគិតល្អល, គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-923-4633 (TTY: 1-855-627-9604)។

Japanese - 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-923-4633 (TTY: 1-855-627-9604) まで、お電話にてご連絡ください。

Amharic - ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-923-4633 (መስማት ለተሳናቸው: TTY: 1-855-627-9604)።

Oromo - XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-923-4633 (TTY: 1-855-627-9604).

Somali - MUHIIM AH: Haddii aad ku hadashid Af-soomaali, adeegaha caawimaada luuqada, ee lacag la'aanta ah, ayaad heli kartaa. Wac 1-855-923-4633 (TTY: 1-855-627-9604).

Arabic - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-923-4633 (رقم هاتف الصم والبكم: TTY: 1-855-627-9604).

Punjabi - ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-923-4633 (TTY: 1-855-627-9604) 'ਤੇ ਕਾਲ ਕਰੋ।

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-923-4633 (TTY: 1-855-627-9604).

Lao - ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຈະມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-923-4633 (TTY: 1-855-627-9604).

French - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-923-4633 (TTY : 1-855-627-9604).

Hindi - ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-923-4633 (TTY: 1-855-627-9604) पर कॉल करें।

Farsi (Persian) - توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-923-4633 تماس بگیرید.

Romanian - ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-923-4633 (TTY: 1-855-627-9604).