

Foomka Beddelka Dheefaha Caawimaadka iyo Kuwa Ilkaha

Change Form Medical and Dental Benefits

Tilmaamaha Foomka Beddelka

Waxaad soo gudbin kartaa foomkan si aad ugu codsato beddel lagu sameeyo qorshahaaga caafimaadka ama ilkaha. Waxaad sidoo kale isticmaali kartaa foomkan si aad noogo soo wargeliso wararkii ugu dambeeyay ee maclumaadkaasi ama in aad ogeysiiso DCYF in aad dooneyo in aad joojiso caymiskaaga caafimaadka iyo ilkaha.

Dhammaad qodobbada leh calaamadda * in loo baahan yahay. Beddelkaaga lagama shaqeyn doonno ilaa iyo inta DCYF ay ka hesho foom buuxa oo la akhrin karo.

Caymiskan waxaa loogu talagalay kuwa haysta shatiga daryeelka carruurta ee qoyska (xaaladda kuwa wada leh, hal shatiile aaya codsan kara dheefaha), waxaanna lagu xiriiriya lambarkooda SSPS. Dheefuhu ma caymiyaan xubnaha kale ee qoyska sida lammaanayaasha, ku tiirsanayaasha, ama shaqaalaha barnaamijka daryeelka carruurta.

Haddii aad qabto su'aalo ku saabsan foomkan beddelka, joojinta iskaaga ah ee caymiska ama xaq-u-yeelashada dheefaha daryeelka, ku soo dir email-ka dcyf.healthcare@dcyf.wa.gov ama waxaad waci kartaa 1-866-201-8343.
Maclumaad iyo kheyraadyo dheeraad ah ayaa laga heli karaa [mareeqtada](#) barnaamijka dheefaha caafimaadka daryeelka carruurta.

BOOSTADA UGU DIR:

Department of Children, Youth, and Families
Child Care Health Benefits Program
PO Box 40970
Olympia, WA 98504-0970

AMA

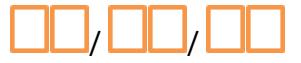
EMAIL UGU DIR:

dcyf.healthcare@dcyf.wa.gov

* SABABTA BEDDELKA- (Fadlan calaamadee dhammaan inta ay khuseyso)

- Waxaan jeelaan lahaa in aan cusbooneysiyo maclumaadkeyga shakhsiyeed
- Waxaan jeelaan lahaa in aad cusbooneysiyo dookheyga adeeg-bixiyaha
- Waxaan jeelaan lahaa in aan joojiyo caymiskeyga caafimaadka iyo kan ilkaha

MACLUUMAADKA SHAKHSIYEED – *Goobaha oo Dhan waa loo baahan yahay.

*MAGACA KOOWAAD	*XARAFKA HORE EE MAGACA DHEXE	*MAGACA DAMBE	
*LAMBARKA DAMAANNADA BULSHADA (SSN) AMA Lambarka Aqoonsiga Canshuurta ee Shaksiga (ITIN) 	*LAMBARKA SSPS (6-tiro, oo laga helo Qaansheegaaga SSPS kuddar eberro) 	*TAARIKHDA DHALASHADA Bisha/Maalinta/Sannadka 	
*CINWAANKA GURIGA CINWAANKA BOOSTADA (<i>haddii uu ka duwan yahay</i>):	*MAGAALADA	*GOBOLKA	*SUMMADA DEGAANKA
*LAMBARKA TELEFOONKA () - <input type="checkbox"/> TELEFOONKA GACANTA <input type="checkbox"/> GURIGA <input type="checkbox"/> SHAQADA	*CINWAANKA EMAIL-KA (DCYF ayaa kula soo xiriiri doonto iyada oo adeegsanaysA cinwaanka email-ka ee aad halkan ku bixisay)		
*JINSIGA <input type="checkbox"/> LAB <input type="checkbox"/> DHEDDIG <input type="checkbox"/> DOORBIDAYA IN AANAN SHEEGIN			
*BIXIYAHADARYEELKA CAAFIMAADKA DOOKHA <input type="checkbox"/> AETNA <input type="checkbox"/> KAISER PERMANENTE <input type="checkbox"/> JOOJI DHEEFAHA CAAFIMAADKA IYO ILKAHA			
*DOOKHA BIXIYAHADARYEELKA CAAFIMAADKA <input type="checkbox"/> DELTA <input type="checkbox"/> WILLAMETTE			
<i>Haddii aadan sanduuq calaamadeyn, waxaan galka ku hayn doonaa dookhaagii ugu dambeeyay.</i>			

Waxaan beddelayaa dheefaha caafimaadka iyo/ama ilkaha ama waxaan u cusboonaysiinaya maclumaadkeyga sida lagu tilmaamey foomkan isbeddelka. Waxaan fahamsanahay haddii aan doorto in aan joojiyo dheefaha caafimaadka iyo ilkaha, foomkan la buuxiyay waa in la helaa kama dambeys 15^{ka} bisha hadda oo loogu talagalay caymiska la joojiyey maalinta ugu dambeysa ee bisha hadda. Waxaan fahamsanahay in DCYF ay mas'uul ka tahay go'aaminta xaq-u-yeelashada dheefaha iyo haddii waqtii kasta aanan ka soo bixin shuruudaha xaq-u-yeelashada, in dheefahayga la joojin doonno. Marka aan hoos saxiixo, ayaa waxaan caddeynayaa in aanan xaq u lahayn caymis caafimaad kale, oo uu ku jiro Medicaid, iyo in maclumaadka arjigan ku qoran uu yahay mid sax ah inta ogaalkeyga ah. Waxaan kaloo oggolahay in lacagta joogtada ah ee caymiska la wadaago ee dheefita caafimaadka bilaha ah in laga jaro lacag-bixinteyda SSPS ee loogu talagalay dhaafahan caafimaadka.

*Saxiixa

*Magaca Qoran

*Taariikhda