

# Understanding your Request for Information letter

YAKIMA  
PO BOX 11699  
TACOMA WA 98411-6699



Phone #

TTY/TDD #

Toll Free # 877-501-2233

Client ID # 123456789

02/19/16

MICHAEL DOWNS  
1002 N 16TH AVE  
YAKIMA WA 98902-1352

Dear MICHAEL DOWNS

We need the following information for these people in your household so that we can find out if you can receive or keep receiving the following: ( ) Cash (X) Food ( ) Health Care Coverage ( ) Long Term Care

Please provide verification of your gross income for the past three months.

Examples include: copies of the last three months of wage stubs, payroll history from your employer, Income tax return for calendar year immediately preceding the current year (including all W-2 forms) or an employer statement that lists the exact gross income received each month. The statement must be signed and dated by your employer and include their phone number. Tips and/or bonuses also must be verified by your employer.

We have attached an Employment Verification form for your convenience. Please submit the information by the date below.

WAC 170-290-0012, WAC 170-290-0060.

If we don't receive this information by 02/29/16, your benefits may stop or be denied.

You can:

- Apply for benefits, submit a review, or report changes at [www.washingtonconnection.org](http://www.washingtonconnection.org).
- Fax information to us at 866-515-8605.

How to contact us

Your case number

Benefit from this program is being reviewed

The information we need

Need it by this date

Write your client ID on all copies you send us. Your client ID is 123456788

Tell us if we ask for anything that will cost you money. We will get the information and pay for it.

If you need help or more time, please call me.

Call 877-501-2233 to process an application or review, report changes, or ask questions.

Insert(s): Postage Paid Return Envelope - CSD