

Applying for Offenders through Washington Connections:

- Use WA Connections Partner Account when applying for benefits for offenders who are 65+ or offenders who have received a Conditional Approval in Health Plan Finder.
- If they are 65+ make sure we have 18-005 Form filled and completed (there are two spots the offender needs to sign; Page 1 & Page 6)
- If they come up as Conditional Approval in Health Plan Finder; you will have to reach out to the ACA Facility Coordinator for the Facility the Offender is at and have them complete the 18-005 application before applying for the Offender through WA
- If we do not have time, or the facility cannot meet with the offender to get the updated application, please use the application on file. We must try to make a good effort to obtain the correct one!
- Extraordinary Medical Placement (EMP)/High Risk/Needs Cases
 - The “LTC” box must be checked. If this box is not checked, only medical will be applied for.
 - These will mostly come by email from the facility to Beth. Please follow the directions she puts in the email
 - Email Beth once the application has been submitted through WA with the tracking number
- When you are ready to apply for benefits:
 - Open OMNI
 - Go to <https://www.washingtonconnection.org/home/>
 - Log into your Partner Account by:
 - Clicking Login
 - Select “Access Your Partner Account”
 - Login in with Username & Password
 - Open SharePoint

- Once logged in select HOME on the top left corner
- Click Apply Now



- A new pop-up will open
 - Click Close
- Now you can scroll to the bottom

- Hit “Next”
- Hit “Next” again
- Zip Code Page
 - Enter the offenders Zip Code that they are releasing to.

the ZIP Code where you live:

don't know your ZIP Code, use the [United States Postal Service ZIP Code finder](#) and pick any ZIP Code in the city where currently stay.

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- DSHS Consent Notice page
 - Select “I agree” at the bottom of the page
 - Fill out the Offender Full Name
 - Type the letters you see in the picture
 - Hit “Next”
- Whether applying for 65+ or Disabled (Conditionally Approved Offenders for HPF) Under Washington Apple Health
 - Select Health Care Coverage –everyone applying is 65 or older, blind or diabled

Washington Apple Health

Health Care Coverage - Everyone applying is 65 or older, blind or disabled

Medicare Savings Program

- There will be a new pop up that says Attention at the top
 - Select the Yes button – you are just confirming the box you checked
- Now select “Next” at the bottom as you have been doing
- Fill out the “About You” Section
 - All this information can be found in OMNI, P1, and the Application
 - Hit Next

10%

About You [Help with this Page](#)

First Name

Middle Initial

Last Name

Include this person in benefits? Yes No [Information needed for applicants and non-applicants](#)

Date of Birth / /

Marital Status?

Gender Male Female

Social Security Number --

- **Fill out “Your Address” section**
 - Use the Releasing Address for Home Address; and Mailing Address if different.
 - Then Hit “Next”
- **Household Member Screen**
 - Select “Next” – you are only applying for this offender
- No telephone information available so select “Next”
- We do not know **Household Questions** so you can leave these blank and select “Next” for **BOTH** pages.
 - **FOR IP: Be sure to mark the box for “Do you need help with unpaid medical within the last three month?”**
 - **Add to the “Notes” section the dates if the IP event**
- Questions About : “Individual” :
 - Covered by other Insurance “No”
 - U.S. Citizen “Yes”
 - Register to Vote “No”
 - Washington Resident “Yes”
 - You do not need to put a date here.
 - You don’t have to select a race unless they stated they were “American Indian or Native American”

Questions About :
(Age, 67)

Louis J Choux

WSHS Client ID number (if any)

Covered by health insurance?
Including Medicare or Long-Term Care Insurance) Yes No

J.S. Citizen? Yes No

The Department offers voter registration services as required by the National Voter Registration Act of 1993. **Applying to register or declining to register to vote will not affect the services or amount of benefits that you may be provided by his agency.** If you would like help in 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
Note: If you do not select either option, you will be considered as declining the option to register to vote at this time.

Washington State resident? Yes No

Entry date into Washington State

Living outside the state of Washington? Yes No

If Hispanic or Latino, select from list

Are you an American Indian or Alaskan Native? Yes No

Race (select up to 5 that apply):

<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Thai	<input type="checkbox"/> Other Race
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	

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[Save and Finish Later](#)

- Client Questions (Page 1/5) – all pages: You can leave all these questions **BLANK** and just select “NEXT” *** EXCEPT PAGE 1/5 or 5/5 with the new partner account please answer accordingly.

- If they are 65 + and you are applying for benefits complete page 1/5 like so.

Tracking Number: 207721272

% Complete 41%

Client Questions (Page 1/5)

Is anyone in your home:
Currently in, recently left, or planning to enter a hospital, nursing home, or other medical facility? Yes No

Covered by Medicare Part A and/or B? Yes No

Disabled? Yes No

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[Save and Finish Later](#)

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- If they are under 65 and you are applying on their behalf because HPF listed them as Conditionally Approved please check as so – YOU MUST SELECT YES and check the box next to their name.

- Page 5/5:
 - For **both 65 + and Disabled** if the Offender is still waiting to be released; Answer the following questions correctly.
 - Are they **CURRENTLY IN** or **PLANNING** to leave Prison? –
 - Yes- they have a PRD
 - Release Date: Is their PRD
 - No- they have already released
 - Are you a 1290 Applicant? – **NO** unless this is 1290 Related

- Leave **“Authorized Representative”** Blank and select **“Next”**
- Next is **“Income”** & **“Other Income”** you can leave Blank and Select NEXT
- **“Vehicles”** page Leave BLANK and Select NEXT
- Same with **“Resources”** page leave BLANK and select NEXT
- Same with **“Annuities”** page leave BLANK and select NEXT
- Same with **“Housing and Shelter Expenses”** Leave BLANK and select NEXT
- Same with **“Other Expenses”** leave BLANK and select NEXT
- Same with **“Additional Comments”** Leave BLANK and select NEXT
- Then you get to **“Other Programs You Might Be Eligible For”**
 - DO **NOT** CLICK ANY TO APPLY FOR, just select **NEXT**.

based on the information you provided, you or someone in your household may qualify for other programs we offer. If you don't currently receive the following programs and want to apply, select the box next to the program name. You may be asked additional questions for the programs you selected.

Food

- It looks like you may be eligible for Basic Food.

Click here to Apply

Medical

- It appears someone in your home is age 65 or older, has a disability or is unable to work due to health problems. There are many services, supports, and resources available to help someone with care needs remain at home or to receive care in a residential facility.

Find more information about:

- Starting your search for long term care at <https://www.dshs.wa.gov/altsa/long-term-care-services-information>
- Options for in-home care and how to find it at <https://www.dshs.wa.gov/altsa/home-and-community-services/home-care-adults>
- Assisted Living options (residential homes or facilities providing care) at <https://www.dshs.wa.gov/altsa/residential-care-services/adults/residential-options>
- Services and support for caregivers at <https://www.dshs.wa.gov/altsa/home-and-community-services/caregiver-resources>
- Senior Information and Assistance (local information and referral service for adults 60+) at <https://www.dshs.wa.gov/ALISA/resources>
- Services for adults with developmental disabilities and their families at <https://www.dshs.wa.gov/dsda>
- Adult abuse prevention and reporting at <https://www.dshs.wa.gov/altsa/home-and-community-services/adult-abuse-and-prevention>

Click here to Apply

You will need to submit an application to see if you are eligible to receive some of these services.

Depending on your situation, you may have to pay for a portion of the services you receive. If you are eligible for Medicaid to pay for services, you will also receive medical coverage through Medicaid.

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- The next page is “Summary of Information”
 - Scroll to the bottom and click NEXT
- Now you are on “Health Care Coverage Rights and Responsibilities”
 - Scroll to the bottom
 - Select that you have read and understood Health Care Coverage Rights and Responsibilities by marking YES
 - Hit “Next”
- **Another Attention Pop-Up Box will come up**
 - **Select Close**
- Now you are at the “ELECTRONIC SIGNATURE” page.
 - Do you want to send this application for apply for services?
 - YES
 - Fill out the Certification and Electronic Signature part
 - Offenders Name
 - Who Helped you fill out form: DOC
 - Type the letters you see in the picture
 - Select Submit Application

Health Care Coverage - Everyone applying is 65 or older, blind or disabled

Do you want to send this application to apply for services? Yes No

CERTIFICATION AND ELECTRONIC SIGNATURE

I (we) certify or declare under penalty of perjury under the laws of the State of Washington that the information I gave in this application, including the information concerning citizenship and alien status of the members applying for benefits, is true and correct.

You can consider the typed name(s) here as my (our) electronic signature.

Enter your full name (Applicant or Authorized Representative)

Enter full name of other adult applicant (if any)

Who helped you fill out this form?

Type the letters you see in this picture.



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- **You will have another ATTENTION Pop-Up**
 - **Select CLOSE**
- Now you have Confirmation that your application was submitted. Use the **confirmation tracking number** and put it in the **NOTES** of SharePoint/Encounters. Also in the WA Connections Approval letter.
 - Approval Letter is found:
 - W Drive>Health Care Services>Health Care Finance Unit>ACA>Communications>Approval Status- Select Submitted WA Connections doc

Confirmation -- You have submitted your online application

Your confirmation tracking number is: **207721272**

Please write this number down or

Refer to this number when asking about your application

You may want to for reference.

If you are a customer and would like to take a survey click here.

If you are a community partner and would like to take a survey click here.

What are the next steps?

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- Click the HOME button at the top LEFT of the screen and it asks if you want to LEAVE THE PAGE select yes and you have now entered the application into WA Connection.
- Update SharePoint as you with HPF apps. **Do not select "APPROVED" until benefits are confirmed in P1. Select "Pending" or "Pending WA Conn"**
- Update the Encounter in OMNI the same as a HPF app. **Do not select "APPROVED" until benefits are confirmed in P1. Select "Pending" or "Pending WA Conn"**
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