

KO1 COVER SHEET

(to accompany 18-001 application)

Attention: HCA HIU (Hotmail)

Mail to:

DSHS-ALTSA, PO BOX 45826, Olympia WA 98501

Or fax to:

1-855-635-8305

Date:

Client Name (child):

DMS:

Please forward the 18-001 Application for Health Care Coverage to Healthplanfinder and forward the assignment to DMS to the Long-Term Care Specialty Unit (@LTC017)