Washington State Health Care Authority

Washington Apple Health Administrative Hearing Request

Washington State Department of Social & Health Services

Step 1 – Complete this form.

A. Your Information			
First Name	Middle Initial	Last Name	
Address	City	State	ZIP
Client ID	Daytime Telephone Number ( )		
Do you need help speaking, reading, or writing English? ❑ No ❑ Yes If yes, what language(s) (other than English) do you wish to use?			
B. Describe the Reason You Are Requesting a Hearing in the Space Below:			
C. Authorized Representative			
☐ Check this box if someone is going to help you or represent you during the administrative hearing process. This can be an attorney, friend, or family member. Provide this person's contact information:			
Name		Daytime Telephone Number ( )	
Address	City	State	ZIP

Step 2 – Attach a copy of the letter you received.

Step 3 – Send us this form and the copy of the letter.

Mail to:

CSD Customer Service Center
PO Box 11699
Tacoma, WA 98411-6699

OR

Fax to:

1-888-338-7410