

## Washington Apple Health Administrative Hearing Request

**Step 1 – Complete this form.**

<b>A. Your Information</b>				
First Name	Middle Initial	Last Name		
Address	City	State	ZIP	
Client ID		Daytime Telephone Number (     )		
Do you need help speaking, reading, or writing English? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what language(s) (other than English) do you wish to use?				
<b>B. Describe the Reason You Are Requesting a Hearing in the Space Below:</b>				
<b>C. Authorized Representative</b>				
<input type="checkbox"/> 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