

## **LIISKA HUBINTA SI LOO CODSADO FASAXA MUSHARKA LAGU QAATO**

Liiska hubinta Fasaxaaga Musharka lagu bixinaayo ee Qoyska iyo Caafimaadka (Paid Family and Medical Leave)

Fasaxa Musharka lagu qaato ee Qoyska iyo Caafimaadka ayaa diyaar kugu ah markaad aad ugu ubaahantahay. U adeegso liisgaan hubinta si uu kaaga caawiyo inaad ururiso macluumaadka oo aad qaaddato tallaabooyinka aad u baahan tahay si aad u codsato fasax lacag ah.

### **HAGAHA GUNNADA EE FASAXA MUSHARKA LAGU QAATO EE QOYSKA IYO CAAFIMAADKA**

Hagaha Gunnada Fasaxa musharka lagu qaato ee Qoyska iyo Caafimaadka waxay bixisaa macluumaad ku saabsan sida loo codsado manfacyada isla markaana u soo gudbi lacagaha toddobaadlaha ah. Waxay kaloo sharaxaysaa xuquuqdaada iyo waajibaadkaaga sharciga. Codsadeyaashu waxay mas'uul ka yihiin ogaanshaha macluumaadka kujira hagahan. Hagaha kasoo dagso [paidleave.wa.gov/benefit-guide](http://paidleave.wa.gov/benefit-guide).

### **LAGU TALAGALAY DHAMMAAN FASAXYADA:**

**Sii loo-shaqeeyahaaga ogeysiis qoraal ah oo keydso nuqul.**

- Haddii aad ogtahay inaad qaadimayso fasax, loo-shaqeeyahaaga sii ogeysiis qoraal ugu yaraan 30 maalmood ka hor intaanu fasaxu bilaabmin.
- Haddii aad u baahato fasax lacag ah lama filaan ah, ogeysii loo-shaqeeyahaaga qoraal ahaan isla marka aad ogaato inaad u baahan tahay fasax.
- Tani waxay noqon kartaa iimayl, warqad ama qoraal. Hubso inaad kaydiso nuqul.

**Soo ururi macluumaadka soo socda ee aad u baahan doonto markaad codsaneyso:**

- (Nambarka Social Security or(Lambarka Aqoonsiga Canshuur-bixiye Shakhsiyeed) Individual Taxpayer Identification Number.
- Dukumiintiyada xaqiijinta aqoonsiga (eeg liiska dukumiintiyada la aqbali karo)
- Liis-garay dhammaan loo-shaqeeyayaasha aad u shaqeysay 12-kii bilood ee la soo dhaafay.

### **DUKUMINTIYADA KALE EE FASAXA:**

Waxaad sidoo kale u baahan doontaa inaad soo gudbiso dukumiinti gaar ah markaad codsaneyso, iyadoo kuxiran sababta aad u qaadaneysid fasax lacag leh:

□ **FASAXA CAAFIMAADKA:**

- **Haddii aad fasax u qaadanayso naftaada, waxaad u baahan doontaa:**
  - Foomka shahaadada Xaaladda Caafimaadka Daran (Serious Health Condition form) oo u buuxiyay daryeel bixiyahaaga caafimaad, *ama*
  - Waraqadaha Sharciga Fasaxa Caafimaadka Qoyska (Family Medical Leave Act) ama dukumiintiyada kale ka socota daryeel-bixiyahaaga caafimaad kaasoo cadeynaya jiritaanka xaaladaada caafimaad ee daran.

□ **FASAXA QOYSKA:**

- **Haddii aad fasax u qaadanaysid xubin qoyskaaga ka mid ah, waxaad u baahan doontaa:**
  - Foomka shahaadada Xaaladda Caafimaadka Daran oo u buuxiyay daryeel bixiyahooda caafimaad, *ama*
  - Waraqadaha Sharciga Fasaxa Caafimaadka Qoyska ama dukumiintiyada kale ka socota daryeel-bixiyahooda caafimaad kaasoo cadeynaya jiritaanka xaaladaada caafimaad ee daran.
  - Waxaan ku waydin karnaa dukumeenti caddaynaysaa xiriirka qoyska haddii aan wax su'aal ah ka qabno codsigaaga.
- **Haddii aad fasax u qaadanayso dhalashada ilmaha, korsasho ama aad noqonayso waalid korsanayaa:**
  - Uma baahnid inaad keento dukumiinti si aad u caddeyso dhalashada, korsashada ama meelaynta si aad u codsato fasaxa isku-xidhka. Waan ku weydiin karnaa haddii aan wax su'aal ah ka qabno codsigaaga.
- **Haddii aad fasax u qaadanayso inaad wakhti la qaadato xubin qoyska ka mid ah sababtoo ah hawlgal militari ama dhacdo, waxaad u baahan doontaa:**
  - Amarada shaqada wakhti-buuxa ama dukumiintiyada kale ee rasmiga ah, iyo
  - Waxaad u baahan kartaa dukumiinti caddaynaysaa xiriirka qoyska

# DUKUMINTIYADA XAQIJIINTA

## AQOONSIGA

Dukumiintiyada aqoonsiga ee lagu aqbali karo Fasaxa Mushaarka lagu qaato ee Qoyska iyo Caafimaadka (Paid Family and Medical Leave)

Waa inaad ku keentaa dukumiintiyada xaqiijinta aqoonsiga codsigaaga Fasaxa Mushaarka lagu qaato ee Qoyska iyo Caafimaadka. Dukumiintiyada xaqiijinta aqoonsiga sidoo kale waa in la siiyaa wakiil kasta oo loo idmaday. **Fadlan ka soo gudbi hal dukumiinti kaligiis ah AMA laba dukumiinti oo beddel ah ee liiska hoose.** Ha soo dirin dukumeentiyada orijinaalka ah.

### Dukumiintiyada keli-keli ah (mid ka mid ah kuwan)

- **Foomka** aqoonsiga ay bixisay Dawladda Maraykanka (heer federaal ama heer gobol) (sida., baasaboorka, kaarka baasaboorka, kaarka aqoonsiga, liisanka darawaalnimada caadiga ah ama mid la xoojiyay, Kaarka B1/B2 ee Fiisaha Gudbinta Xuduudaha, iwm.)
- **Aqoonsiga** Saxda ah ee AUnited States Citizenship and Immigration Service. Foomamka la oggolyahay waa:
  - I-327 U.S. Oggolaanshaha Dib-u-Galida Dukumintiga Safarka
  - I-571 U.S. Dukumintiga Safarka Qaxootiga
  - I-551 Kaarka Degenaanshaha Joogtada ah
  - I-766 Oggolaanshaha Shaqada
- **Foom** aqoonsi oo sax ah ay soo saartay dawlad shisheeye (sida baasaboorka, kaarka aqoonsiga qunsuliyadda, kaarka aqoonsiga qaranka ama "cedula" oo leh saxeeex iyo sawir, iwm.)
- **Kaarka** saxda ah ee aqoonsiga isdiwaangalinta ee ka socota qabiilka Hindida ee federaalku aqoonsan yahay (waa inuu lahaada saxiixaaga iyo sawirkaaga)
- **Kaarka** aqoonsiga Saxda ah ay bixisay Xafiiska qaabilsan Arrimaha Hindida (waa inuu kujiraa saxiixaaga iyo sawirkaaga)

### Dukumiintiyada kale (laba ka mid ah)

- **Foomka** aqoonsiga ay bixisay Dawladda Maraykanka oo dhacsan (heer federaal ama heer gobol) (sida baasaboorka, kaarka baasaboorka, kaarka aqoonsiga, liisanka darawaalnimada caadiga ah ama mid la xoojiyay, Kaarka B1/B2 ee Fiisaha Gudbinta Xuduudaha, iwm.)
- **Aqoonsiga** Saxda ah ee Adeegga Socdaalka iyo Jinsiyadda Mareykanka oo Dhacsan. Foomamka la oggolyahay waa:
  - I-327 U.S. Oggolaanshaha Dib-u-Galida Dukumintiga Safarka
  - I-571 U.S. Dukumintiga Safarka Qaxootiga
  - I-551 Kaarka Degenaanshaha Joogtada ah
  - I-766 Oggolaanshaha Shaqada
- **Foom** aqoonsi oo sax ah ay soo saartay dawlad shisheeye oo dhacsan (sida baasaboorka, kaarka aqoonsiga qunsuliyadda, kaarka aqoonsiga qaranka ama "cedula" oo leh saxeeex iyo sawir, iwm.)
- Waraaqaha korsashada
- Shahaadada dhalashada Mareykanka ama mid ajnabi ah ee la xaqiijiyay
- Kaarka diiwaangelinta dhalashada ee la xaqiijiyay (waa inuu ku jiraa magacaaga, taariikhda dhalashada, goobta dhalashada, taariikhda faylkaaga, iyo taariikhda la soo saaray)
- Oggolaansho hub qarsoodi ah oo ay bixiso hay'aad gobol ama degmo
- Warbixinta Qunsuliyada ee Dhalashada Dibadda
- Qaybta amarka Maxkamadda/Amarka Ku-tiirsanaanta
- Warqad caddayn ah ama diiwaanka wadista ee ka socda gobolka DMV (Department of Motor Vehicles)
- Warqad furiinka oo la xaqiijiyay
- Shahaadada/liisanka guurka ee la xaqiijiyay
- Liisan xirfadeed (kalkaaliye caafimaad, dhakhtar, injineer, iwm.)
- Natijada dugsiga ama diiwaanka
- Kaarka aqoonsiga ardayga oo saxda ah oo ay soo saartay kulliyad ama jaamacad qaran laga aqoonsan yahay
- (Aqoonsiga Shaqaalaha Gaadiidka) Transportation Worker Identification Credential (TWIC)

# Codsiga Fasaxa Qoyska iyo Caafimaadka ee Lacagta leh (Paid Family and Medical Leave)

## Intaadan bilaabin

Markaad oonleen ka codsato gunnooyinka, waxaad dooran kartaa sida aad ugu gudbin lahayd codsiyadaada toddobaadlaha ah ee gunnada (khadka tooska ah ama telefoonka) iyo sida aad u hesho lacagahaaga gunnada (deebaajiga tooska ah loogu shubo koontadaada bangiga ama kaarkaaga deyn bixinta). Markaad waraq ahaan u codsatid gunnooyinka, waxaad ku xadidan tahay:

1. Soo gudbinta lacagaha gunnada toddobaadlaha ah ee telefoon ahaan adoo wacayaa 833-717-2273.
2. Helidda lacagahaaga gunnada kaarkaaga deyn bixinta.

Haddii aad jeceshahay inaad ku xareyso lacagahaaga toddobaadlaha ah khadka tooska ah ama aad ku hesho lacagahaaga gunnada ee loo marayo deebaajiga tooska ah, waa inaad khadka tooska ah ku soo gudbisaa codsigaaga. Booqo [www.paidleave.wa.gov](http://www.paidleave.wa.gov) si aad macluumaad dheeraad ah u hesho.

Hagaha Gunnada Fasaxa mushaarka lagu qaato ee Qoyska iyo Caafimaadka waxay bixisaa macluumaad ku saabsan sida loo codsado manfacyada isla markaana u soo gudbi lacagaha toddobaadlaha ah. Waxay kaloo sharaxaysaa xuquuqdaada iyo waajibaadkaaga sharciga. Hagaha kasoo dagso [paidleave.wa.gov/benefit-guide](http://paidleave.wa.gov/benefit-guide) ama nuqul codso adigoo wacayaa 833-717-2273.

## Tilmaamaha codsiga gunnada

### *Qeybta macluumaadka shakhsiga iyo xiriirka*

Sheeg magacaaga, (Nambarka Ammaanka Bulshada) Social Security (SSN), taariikhda dhalashada iyo macluumaadka xiriirka. Cinwaanka aad na siisay ayaan kuugu soo diri doonno kaarkaaga deyn-bixinta iyo macluumaadyada kale.

### *Qaybta macluumaadka shaqada*

Waxaan u adeegsan doonaa macluumaadka aad bixiso si aan u xaqiijino inaad shaqeysay saacado ku filan oo aad xaq ugu yeelan karto fasax.

- Magaca loo-shaqeeyaha. Magaca ganacsiga ama hay'aada aad u shaqayn jirtay.
- (Aqoonsi Ganacsi Midaysan) Unified Business Identifier (UBI) ama (Lambarka Aqoonsiga Loo-shaqeeyaha Federaalka) Federal Employer Identification Number (FEIN). Raadi UBI loo-shaqeeyahaaga adoo weydiinaya iyaga, ama adoo adeegsanaya aaladda-baaritaanka UBI ee websaydhka Waaxda Canshuuraha ([www.DOR.wa.gov](http://www.DOR.wa.gov)).
- Taariikhaha bilowga iyo dhammaadka shaqaalaynta. Haddii ay yihiin loo-shaqeeyahaaga hadda, ka tag taariikhda dhammaadka oo madhan oo calaamadee sanduuqa si aad u muujiso inay hadda yihiin loo-shaqeeyahaaga.

### *Ka tag qaybta macluumaadka*

Waxaan ku weydiin doonaa macluumaad ku saabsan codsigaaga fasax, oo ay ka mid yihiin nooca fasaxa aad codsanaysid (caafimaad, qoyska, isku xirnaanta dhalashada ka dib ama meeleynta cunug, ama baahi militari) iyo taariikhdaada bilowga iyo dhammaadka.

### *Qof kale ma ii buuxin karaa foomkan?*

Waad u oggolaan kartaa shakhsi kale inuu ku matalo ee ujeedooyinka manfacyada Fasaxa mushaarka Lagu qaato ee Qoyska iyo Caafimaadka. Si tan loo sameeyo, buuxi foomka Wakiilka Idman ee La Oggol (Designated Authorized Representative) yahay. Nagala soo xiriir 833-717-2273 si aad u hesho nuqulka foomka.

## **Gudbinta codsigaaga**

Boosto ahaan u dir codsigaaga oo dhammaystiran, nuqulada dukumiintiyadaada aqoonsiga, iyo wixii dukumiintiyada kale ee taageero ah (shahaadada xaalad caafimaad oo daran, foomka wakiilka ee loo igmaday, iwm.) :

(Waaxda Amniga Shaqada) Employment Security Department  
Xarunta Daryeelka Fasaxa Mushaarka lagu qaato Qoyska iyo Caafimaadka  
P.O. Box 19020  
Olympia, WA 98507-0020

## **Su'aalaha?**

Haddii aad leedahay su'aalo, fadlan nagala soo xiriir 833-717-2273 ama [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov).

## Codsiga gunnada

<b>Qaybta koowad: Macluumaadka shakhsiga</b>
<b>Magaca (hore, xarafka magaca dhexe, dambe) *:</b>
<b>SSN*:</b>
<b>Taariikhda Dhalashada*:</b>
<b>Lambarka telefoonka*:</b>
<b>Cinwaanka iimaylka:</b>
<b>Habka xiriirka ee la doorbiday*:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Telefoon</li><li><input type="checkbox"/> Iimayl</li><li><input type="checkbox"/> Boostada</li></ul>
<b>Cinwaanka boostada:</b> _____ _____ _____ _____
<b>Jinsiga*:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Dheddig</li><li><input type="checkbox"/> Lab</li><li><input type="checkbox"/> Aan ahayn dheddig ama lab</li><li><input type="checkbox"/> Doorbiday in aanan sheegin</li></ul>
<b>Midkee soosocda sifiican u sharaxayaa hiddo ahaan asalkaaga? Doorro dhammaan kuwa khuseeya.</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Cad</li><li><input type="checkbox"/> Madow ama Afrikaan Mareykan ah</li><li><input type="checkbox"/> Hindida Mareykanka ama u Dhashay Alaska</li><li><input type="checkbox"/> U dhashay Koonfurta Aasiya ama Koonfurta Aasiya Ameerika</li><li><input type="checkbox"/> U dhashay Bariga Aasiya ama Bariga Aasiyada Ameerika</li><li><input type="checkbox"/> U dhashay Koonfurta-bari Aasiya ama Koonfurta-bari Aasiya Ameerika</li><li><input type="checkbox"/> U dhashay Hawaii ama Jasiiradaha Baasifigga ee kale</li><li><input type="checkbox"/> Isbaanish ama Laatinka</li><li><input type="checkbox"/> U dhashay Bariga Dhexe ama Carab Mareykan ah</li><li><input type="checkbox"/> Doorbiday in aanan sheegin</li><li><input type="checkbox"/> Kale</li></ul>

\* Waxay muujisaa goobta loo baahan yahay

### Qaybta labaad: Macluumaadka shaqaalaynta

Waxaan u baahanahay taariikhdaada shaqo si aan u ogaano haddii aad shaqeysay saacado kugu filan si aad ugu qalanto fasax. Fadlan liis-garay loo-shaqeeye kasta oo aad u shaqeysay tan iyo Janaayo 1, 2019.

#### Waa maxay marxaaladaada shaqo ee hadda?\*

- Shaqaale mushaar buuxa qaata
- Shaqaale ku shaqeeya wakhti-dhiman ama shaqaale saacadle ah
- Aan shaqayn

#### Magaca loo-shaqeeyaha\*:

#### UBI ama FEIN:

#### Kani ma loo-shaqeeyahaaga hadda?\*

- Haa
- Maya

#### Ma qorsheyneysaa inaad fasax ka qaadata loo-shaqeeyahaan?\*

- Haa
- Maya

#### Ma ogeysiisay loo-shaqeeyahaan inaad qorsheyneyso inaad fasax qaadata?\*

- Haa
- Maya
- Shuruudaha ayaa laga dhaafay

Hadday haa tahay, taariikhdee ayaad ogeysiisay iyaga?\* \_\_\_\_\_

Taariikhda bilawga shaqada\*:

Taariikhda dhammaadka shaqada:

Nambarka telefoonka loo-shaqeeyaha\*:

Cinwaanka loo-shaqeeyaha\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Magaca loo-shaqeeyaha:

#### UBI ama FEIN:

#### Kani ma loo-shaqeeyahaaga hadda?\*

- Haa
- Maya

#### Ma qorsheyneysaa inaad fasax ka qaadata loo-shaqeeyahaan?\*

- Haa
- Maya

**Ma ogeysiisay loo-shaqeeyahaan inaad qorsheyneyso inaad fasax qaadato?**

- Haa
- Maya
- Shuruudaha ayaa laga dhaafay

**Hadday haa tahay, taariikhdee ayaad ogeysiisay iyaga?** \_\_\_\_\_

**Taariikhda bilawga shaqada:**

**Taariikhda dhammaadka shaqada:**

**Nambarka telefoonka loo-shaqeeyaha:**

**Cinwaanka loo-shaqeeyaha:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Magaca loo-shaqeeyaha:**

**UBI ama FEIN:**

**Kani ma loo-shaqeeyahaaga hadda?**

- Haa
- Maya

**Ma qorsheyneysaa inaad fasax ka qaadato loo-shaqeeyahaan?**

- Haa
- Maya

**Ma ogeysiisay loo-shaqeeyahaan inaad qorsheyneyso inaad fasax qaadato?**

- Haa
- Maya
- Shuruudaha ayaa laga dhaafay

**Hadday haa tahay, taariikhdee ayaad ogeysiisay iyaga?** \_\_\_\_\_

**Taariikhda bilawga shaqada:**

**Taariikhda dhammaadka shaqada:**

**Nambarka telefoonka loo-shaqeeyaha:**

**Cinwaanka loo-shaqeeyaha:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Qaybta saddexaad: Macluumaadka fasaxa

### Dooro nooca fasaxa ee la codsaday\*:

**Fasax caafimaad ee naftaada**

Hadday haa tahay, ma awoodid inaad shaqeyso xaalad caafimaad oo daran oo la xiriirta uurka awgeed?

- Haa
- Maya

**Fasaxa u daryeelida xubin ka mid ah qoyska**

Hadday haa tahay, xubintee qoyska ah ayaad fasax u qaadanaysaa?

- Waalidka (ama waalidka lamaanahaaga)
- Lamaane
- Ilmo, wiil loo yahay soddog ama soddoh, gabadh loo yahay soddog ama soddoh
- Walaal
- Wiil ama gabadh loo yahay awoowe ama ayeeyo
- Ayeeyo ama awoowe (ama ayeeyo ama awoowe lamaanahaaga)
- Kale: \_\_\_\_\_

**Isku xidhka dhalashada ka dib ama meelaynta ilmaha**

Hadday haa tahay, taariikhda dhalashada ama meelaynta: \_\_\_\_\_

**Hawlgal militari oo lagama marmaan ah**

### Muddo intee le'eg ayaad filaysaa inaad fasax ku maqnaato?\*

Taariikhda bilawga: \_\_\_\_\_ Taariikhda dhammaadka: \_\_\_\_\_

### Ma heshay ama ma heli doontaa magdhowga shaqaalaha ama dheefaha shaqo la'aanta muddada aad codsaneyso fasaxa?\*

- Haa
- Maya

### Ma ogeyd inaad ubaahantahay inaad fasax qaadato kahor?\*

- Haa
- Maya

\* Waxay muujisaa goobta loo baahan yahay

### Qaybta afaraad: Oggolaanshaha iyo saxeexa

Fasaxa Mushaarka lagu qaato ee Qoyska iyo Caafimaadka ayaa laga yaabaa inay la wadaagaan oo ay helaan macluumaadka adiga kugu saabsan (ama sheegashadaada) hay'adaha kale, waaxyaha, ama loo-shaqeeyahaaga. Waxaan u baahan karnaa inaan xaqiijino macluumaadka aad bixiso waxaana codsan karnaa macluumaad dheeri ah haddii loo baahdo.

Haddii aad been ka sheegto naftaada, ama aad ogtahay inaad naga qarintayso macluumaadka, waxaa loo qaadan doonaa khayaano. Haddii aad bixiso macluumaad aan sax ahayn, waa laga yaabaa inaan diidno codsigaaga gunnada ama aan u baahanno inaad dib u soo celiso manfacyada lagu siiyay. Waxaa lagu soo roogi karaa ganaaxyo ama dacwad ciqaabeed.

- Waxaan oggolahay qarinta macluumaadkeyga waxaana uga jawaabay su'aalaha codsiga si run ah.\*

**Saxeexa\*:**

**Taariikhda\*:**

**Magaca daabacan\*:**

*Haddii qofka codsanaya gunnooyinka uusan awoodin inuu saxeexo foomkan xaalad caafimaad oo daran ama dhaawac awgeed, wakiil la idmaday ah ayaa u saxeexi karaa, haddii ay iyaguna soo gudbiyaan foomka Oggolaanshaha Wakiilka Idman.*

**Magaca wakiilka idman:**

**Saxeexa wakiilka idman:**

**Taariikhda:**

**Lambarka telefoonka:**

**limayl:**

\* Waxay muujisaa goobta loo baahan yahay

- Diiwagalinta gawaarida ama cinwaanka (cinwaan deg deg ah lama aqbali karo)
- Biilasha guriga (gaaska, korontada, biyaha, qashinka, bulaacada, telefoonka guriga, TV, internet, ISTA)
- Warqadda macaashka DSHS (Department of Social and Health Services) (caafimaad, cunto, iwm.)
- Cadaynta lahaanshaha guriga (dukumiintiyada amaahda guryaha, dukumiintiyada canshuurta hantida, warqad hanti, cinwaanka, iwm.)
- Warqad lagu soo diray boostada ganacsiga ee ka socota dawlad, federaal, qabiil, degmo, ama hay'aad dawladeed
- (Warqadda Aqoonsiga Canshuuraha Shakhsiga) Individual Tax Identification Number (ITIN) ee ay bixiso (Internal Revenue Service (IRS)
- Shuruudaha caymiska milkiilayaasha guryaha ama kireystaha
- Shuruudaha caymiska baabuurta ama biilka
- Jeeg ku bixi ama jeegga ku qor magaca loo shaqeeyaha iyo lambarka telefoonka ama cinwaanka
- Foomka W-2 ee loo shaqeeyaha, ama foomka 1099
- Dukumintiga ku xiirashada (biil, heshiis, iwm.)

# Forms for Applying for **Paid Family & Medical Leave**

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## **STEP 1:**

Select the right form

### **Use the Certification of Serious Health Condition form to apply for:**

- Medical leave due to your own serious health condition, including medical leave for complications during pregnancy or to recover from giving birth
- Family leave to take care of a family member with a serious health condition

### **Use the Certification of Birth form when applying for:**

- Family leave to bond with a new child (birth, adoption or foster placement)
- 

## **STEP 2:**

Fill out the form

The person applying for leave completes section one, and their healthcare provider (or their family member's healthcare provider) completes section two. Healthcare provider instructions are included in this packet.

### **Can someone else complete this form for me?**

- You may authorize another individual to act on your behalf for the purposes of Paid Family and Medical Leave benefits by having them complete a Designated Authorized Representative form. Your authorized representative cannot substitute for a healthcare provider in completing section two.
  - Contact us at 833- 717-2273 to request a copy of the Designated Authorized Representative form.
- 

## **STEP 3:**

Upload your completed form

Submit your form through your Paid Leave account or include it with your application. You do not need to set up your Paid Leave account before your healthcare provider completes this form.

## **Questions?**

If you have any questions, please contact us at 833-717-2273 or [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov).

# Instructions for Healthcare Providers

The Certification of Serious Health Condition form is used to certify a serious health condition to qualify for Paid Family and Medical Leave. Your patient may be applying due to their own serious health condition or to care for a family member with a serious health condition.

Healthcare Providers is defined by law in RCW 50A.05.010 and WAC 192-500-090.

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## SERIOUS HEALTH CONDITION

A serious health condition is defined in RCW 50A.05.010. Generally, a serious health condition could include an illness, injury, impairment, or physical or mental condition that involves:

- **Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity; or**
- **Continuing treatment by a healthcare provider including any of the following:**
  - **Incapacity:** A period of incapacity of more than three consecutive days and subsequent treatment or period of incapacity relating to the same condition. Incapacity means an inability to work, attend school, or perform other regular daily activities because of a serious health condition, treatment of that condition or recovery from it, or subsequent treatment.
  - **Pregnancy:** Any period of incapacity due to pregnancy, or for prenatal care.
  - **Chronic conditions:** Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
    - » Continues over an extended period of time, including recurring episodes of a single underlying condition;
    - » Requires periodic visits to a health care provider; and
    - » May cause episodic rather than a continuing period of incapacity, including asthma, diabetes, and epilepsy
- **Permanent/Long-term:** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider, including :
  - » Alzheimer's, a severe stroke, or the terminal stages of a disease; or
  - » Multiple treatments: Any period of absence to receive multiple treatments, including any period of recovery from the treatments.
  - » Substance abuse may be a serious health condition if the treatment meets other requirements in this definition.

## Questions?

If you have any questions, please contact us at 833-717-2273 or [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov).

# Certification of Serious Health Condition Form

## Certification of Serious Health Condition

**Instructions:** Complete section one of this form, then have your or your family member's healthcare provider complete section two. Please include your name on each page. **Upload both pages to your Paid Leave account, include them with your application, or fax to 833-535-2273.**

<b>Section one: Your information</b>							
<i>To be completed by the person applying for leave before having the healthcare provider complete section two</i>							
<b>Paid Leave Customer ID number</b> (if known):							
<b>Name:</b>							
<b>Date of birth:</b> ____ / ____ / ____							
<b>REASON FOR TAKING PAID FAMILY AND MEDICAL LEAVE</b>							
<input type="checkbox"/> <b>For my own serious health condition</b> <b>Instructions:</b> Have your healthcare provider complete page 2 of this medical certification, listing yourself as the patient.							
<input type="checkbox"/> <b>For medical reasons related to my own pregnancy</b> <b>Instructions:</b> Have your healthcare provider complete page 2 of this medical certification, listing yourself as the patient. If applying for family (bonding) leave following the birth of a child, you and your healthcare provider should also fill out the Certification of Birth form.							
<input type="checkbox"/> <b>To care for a family member during their serious health condition</b> <b>The family member needing care is my:</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Child, son-in-law, daughter-in-law</td> <td><input type="checkbox"/> Sibling</td> </tr> <tr> <td><input type="checkbox"/> Spouse or registered domestic partner</td> <td><input type="checkbox"/> Grandparent or spouse's grandparent</td> </tr> <tr> <td><input type="checkbox"/> Parent or spouse's parent</td> <td><input type="checkbox"/> Grandchild</td> </tr> </table> <b>Instructions:</b> Have your family member's healthcare provider complete page 2 of this medical certification, listing your family member as the patient.		<input type="checkbox"/> Child, son-in-law, daughter-in-law	<input type="checkbox"/> Sibling	<input type="checkbox"/> Spouse or registered domestic partner	<input type="checkbox"/> Grandparent or spouse's grandparent	<input type="checkbox"/> Parent or spouse's parent	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Child, son-in-law, daughter-in-law	<input type="checkbox"/> Sibling						
<input type="checkbox"/> Spouse or registered domestic partner	<input type="checkbox"/> Grandparent or spouse's grandparent						
<input type="checkbox"/> Parent or spouse's parent	<input type="checkbox"/> Grandchild						
<b>AUTHORIZATION AND SIGNATURES</b>							
<i>I authorize Paid Family and Medical Leave to use the information on this form to determine my eligibility for paid family or medical leave benefits and I attest that I am applying for Paid Leave due to my own serious health condition or to take care of a family member with a serious health condition.</i>							
<b>Signature</b> (required):	<b>Date:</b>						
<i>If the person applying for benefits is unable to sign this form because of a serious health condition or injury, an authorized representative may sign on their behalf, provided they also submit a Designated Authorized Representative form.</i>							
<b>Authorized representative name:</b>							
<b>Signature:</b>	<b>Date:</b>						

# Certification of Serious Health Condition Form

**Name of person applying for leave:** \_\_\_\_\_

**Instructions:** Answer all questions fully and completely. Limit your responses to the condition for which the person applying for Paid Leave is seeking leave. Please be sure to sign the form. **Return to patient or fax to 833-535-2273.**

## Section two: Description of the serious health condition

*To be completed by a healthcare provider as defined in RCW 50A.05.010*

**Patient's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Does the patient have a serious health condition?** (as defined in RCW 50A.05.010)

No     Yes. If yes, provide a brief description of the diagnosis: \_\_\_\_\_  
 \_\_\_\_\_

**Is the patient pregnant or recovering from giving birth?**

No     Yes. Expected due date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or Child's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If yes, is the patient experiencing a pregnancy-related serious health condition?**

*This can include but is not limited to severe morning sickness, prenatal complications resulting in bedrest, preeclampsia, infections or recovery after a cesarean delivery or other postnatal complications.*

Yes     No

**What is the expected duration of the serious health condition?**

*Your answer should be your best estimate based upon your medical knowledge, experience and examination of the patient. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine Paid Leave eligibility.*

**Start date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**End date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or  **Condition is chronic or permanent**

## PROVIDER'S INFORMATION AND CERTIFICATION

*I declare under penalty of perjury that the information provided in this form is true and correct, that the patient's condition meets the definition of "serious health condition" [RCW 50A.05.010], and that I am a healthcare provider authorized to certify their condition [RCW 50A.05.010; WAC 192-500-090].*

**Signature (required):** \_\_\_\_\_ **Date (required):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name and title (required):** \_\_\_\_\_

**Certificate license number and state: (required):** \_\_\_\_\_

**License area/area of practice (required):** \_\_\_\_\_

**Business name (required):** \_\_\_\_\_

**Address: (required):** \_\_\_\_\_

**Phone number (required):** \_\_\_\_\_

**Email address:** \_\_\_\_\_

# Certification of Birth Form

## Who should use this form?

**Parents applying for bonding leave following the birth of a child.** If you are applying for family leave to bond with your child, you must provide documentation showing your child's date of birth. Documentation can include any one of the following documents:

- A copy of your child's birth certificate,
- A copy of documentation from the hospital showing your child's date of birth, or
- This form completed and signed by a healthcare provider.

**Do not use this form for family leave for adoption, foster care, or other approved placement types.** Visit [PaidLeave.wa.gov](http://PaidLeave.wa.gov) for information about required documentation for family leave for placement.

**Instructions:** Provide the name and date of birth of the parent that gave birth; include their Paid Leave Customer ID number (if known). Provide the other parent's information if they are applying for leave. Have a healthcare provider complete and sign the certification of birth section. Documentation is required for each family leave application.

### Parent's information

*To be completed by the parent(s) applying for leave*

**Information about parent that gave birth (required):**

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Paid Leave Customer ID number (if known):** \_\_\_\_\_

**Information about the other parent (optional):**

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Paid Leave Customer ID number (if known):** \_\_\_\_\_

### Certification of birth

*To be completed by a healthcare provider as defined in RCW 50A.05.010 to certify the date of birth in order for the applicant to qualify for family leave under Paid Family and Medical Leave. Please be sure to sign the form.*

**Child's date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Place of birth (city, state):** \_\_\_\_\_

### PROVIDER'S INFORMATION AND CERTIFICATION

*I declare under penalty of perjury that the information provided in this form is true and correct, and that I am a healthcare provider as defined in RCW 50A.05.010.*

**Signature (required):** \_\_\_\_\_    **Date (required):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name and title (required):** \_\_\_\_\_

**Certificate license number and state:** \_\_\_\_\_

**License area/area of practice (required):** \_\_\_\_\_

**Business name (required):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Upload this form to your Paid Leave account, include it with your application, or fax it to 833-535-2273.**

Kaarka U.S. Bank ReliaCard® Shaacinta Hor-u-qaadashada  
Magaca Barnaamijka: Bixinta Mushaarka Fasaxa Qoyska & Caafimaadka  
ee Washington (Washington Paid Family & Medical Leave)

Waxaad haysataa fursad ah sida aad ku heli lahayd lacagtaada,  
oo ay ku jirto lacag dhigashada tooska ah ee koontadaada bangiyeed ama kaarkan  
horubixinta.

Weydii wakaaladaada ikhtiyaaraadka la heli karo oo dooro ikhtiyaarkaaga.

Khidmada bil kasta	libsi kasta	Lacag kala bixida ATM-ka	Lacag ku shubid
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> shabakada ku jira <b>\$2.50</b> shabakada ka baxsan	<b>Ima Khuseeyo</b>

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Weydiinta Baaqiga ATM-ka (shabakada ku jira ama shabakada ka baxsan)	\$0
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Adeegga Macmiilka (iswada ama wakiil toos ah)	\$0 wicitaan kasta
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Isticmaal la'aan	\$0
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**Waxaan qaadnaa 3 nooc oo khidmad kale ah. Mid ka mid ah waa:**

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Kaar Beddelka (bixinta caadiga ama degdega ah)	\$0 ama \$15.00
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Eeg jadwalka Khidmada ee la socda si aad u hesho siyaabo bilaash ah aad ku isticmaashid macluumaadka lacagtaada iyo baaqigaaga.

**Lama ogola deyn/amaah dheeraad ah.**  
Lacagtaadu waxay u qalantaa caymiska FDIC.

Wixii macluumaad guud ee ku saabsan koontooyinka horubixinta, booqo [cfpb.gov/prepaid](http://cfpb.gov/prepaid) (ku qoran Af-Ingiriiska).  
Ka raadi faahfaahinada iyo shuruudaha dhammaan khidmadaha iyo adeegyada gudaha xirmada kaarka ama wac **1-888-964-0359** ama booqo [usbankreliacard.com](http://usbankreliacard.com) (ku qoran Af-Ingiriiska).

## U.S. Bank ReliaCard® Jadwalka Khidmada

Magaca Barnaamijka: Bixinta Mushaarka Fasaxa Qoyska & Caafimaadka ee Washington (Washington Paid Family & Medical Leave)

Dhammaan khidmadaha	Caddada	Faahfaahino
<b>Hel lacag caddaan ah</b>		
Lacag kala bixida ATM-ka (shabakada ku jira)	\$0	Tani waa khidmaddeena lacag la bixid kasta. "Shabakada ku jira" waxaa loola jeedaa shabakadaha U.S. Bank ama MoneyPass® ATM. Goobaha waxaa laga heli karaa <a href="https://usb.com/locations">usb.com/locations</a> (ku qoran Af-Ingiriiska) ama <a href="https://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> (ku qoran Af-Ingiriiska).
Lacag kala bixida ATM-ka (shabakada ka baxsan)	\$2.50	Tani waa khidmaddeena lacag la bixid kasta. "Shabakada ka baxsan" waxaa loola jeedaa dhammaan ATM-yada ka baxsan shabakadaha U.S. Bank ama MoneyPass ATM. Waxaa sidoo kale kugu soo dallaci karo khidmad howlwadeenka ATM-ka xitaa haddii aadan dhameystirin isweydaariska maaliyadeed.
Kala bixida Lacag-bixiyaha Bangiga	\$0	Tani waa khidmaddeena marka aad kala baxdid lacag caddaan ah kaarkaaga adigoo la jooga lacag-bixiyaha bangiga ama is-kaashato aqbalaan Visa®.
<b>Macluumaadka</b>		
Weydiinta Baaqiga ATM-ka (shabakada ku jira)	\$0	Tani waa khidmaddeena baaqi weydiin kasta. "Shabakada ku jira" waxaa loola jeedaa shabakadaha U.S. Bank ama MoneyPass ATM. Goobaha waxaa laga heli karaa <a href="https://usb.com/locations">usb.com/locations</a> (ku qoran Af-Ingiriiska) ama <a href="https://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> (ku qoran Af-Ingiriiska).
Weydiinta Baaqiga ATM-ka (shabakada ka baxsan)	\$0	Tani waa khidmaddeena baaqi weydiin kasta. "Shabakada ka baxsan" waxaa loola jeedaa dhammaan ATM-yada ka baxsan shabakadaha U.S. Bank ama MoneyPass ATM. Waxaa sidoo kale kugu soo dallaci karo khidmad howlwadeenka ATM-ka.
<b>Ku isticmaalida kaarkaaga meel ka baxsan Mareykanka.</b>		
Isweydaariska Maaliyadeed ee Caalamiga Ah	3%	Tani waa khidmaddeena taasoo ku khuseysa markaad u isticmaasho kaarkaaga ka iibsiga ganacsatada ajnabiga ah iyo la bixida lacag caddaan ah ATM-yada ajnabiga ah waana boqolleyda caddada isweydaariska doolarka, kadib sarifashada lacag kasta. Isweydaarisyada maaliyadeed qaarkood, xitaa haddii adiga iyo/ama ganacsadaha ama ATM-ka ku yaalo gudaha Mareykanka, waxaa loo tixgeliyaa isweydaarsiyo maaliyadeed oo ka baxsan dalka sida ay dhigayaan sharciyada shabakada lagu dabaqi karo, mana xakameyno sida ganacsatadaan, ATM-yadaan iyo isweydaarisyadaan maaliyadeed loo kala qaybiyay ujeedadaan awgeed.
Lacag kala bixida ATM-ka Caalamiga ah	\$3.00	Tani waa khidmaddeena lacag la bixid kasta. Waxaa sidoo kale kugu soo dallaci karo khidmad howlwadeenka ATM-ka xitaa haddii aadan dhameystirin isweydaariska maaliyadeed.
<b>Kale</b>		
Kaar Beddelka	\$0	Tani waa khidmaddeena kaar beddel kasta lagugu soo diro bixinta caadiga ah (ilaa 10 maalmood oo shaqo).
Kaar Beddelka Degdega ah	\$15.00	Tani waa khidmaddeena bixinta degdegga ah (ilaa 3 maalmood oo shaqo) ee la soo dallaco marka lagu daro khidmada Kaar Beddel kasta.
Isticmaal la'aan	\$0	Tani waa khidmaddeena aan kugu dallacno bil kasta kadib marka aadan dhameystirin isweydaaris maaliyadeed adigoo isticmaalaya kaarkaaga.

Inkastoo wada-xiriirka lagu bixiyo Soomaali, iyadoo la raacayo wada-xiriirada U.S. Bank, iyo dukumiintiyada la xiriira heshiisyadaada qandaraaseed, shaacinada, ogeysiinada, iyo bayaannada, adeegyada Internet-ka iyo adeegyada telefoon-bangiyeedka waxaa lagu heli karaa oo keliya Af-Ingiriisi. Waa inaad awoodida inaad akhriso oo aad fahamto dukumiintiyadaan, ama aad raadsato qofkuu turjumo, si aad u fahamto oo u isticmaasho sheygan ama adeegan. Dukumiintiyada Af-Ingiriisi ah ayaa la heli karaa marka la codsado.

Lacagtaadu waxay u qalantaa caymiska FDIC. Lacagahaaga waxaa lagu heyn doonaa U.S. Bank National Association (Ururka Qaranka ee Bankiga Mareykanka), hay'ad ku jirta caymiska FDIC, oo ilaa \$250,000 ay caymiyaan FDIC haddii ay dhacdo in U.S. Bank musalafu. Ka eeg [fdic.gov/deposit/deposits/prepaid.html](https://fdic.gov/deposit/deposits/prepaid.html) (ku qoran Af-Ingiriiska) wixii faahfaahino ah.

Lama ogola deyn/amaah dheeraad ah.

La xiriir Adeegyada Kaarlaha adoo wacaya **1-888-964-0359**, boostada P.O. Box 551617, Jacksonville, FL 32255 ama booqo [usb.com/reliacard.com](https://usb.com/reliacard) (ku qoran Af-Ingiriiska).

Wixii macluumaad guud ee ku saabsan koontooyinka horubixinta, booqo [cfpb.gov/prepaid](https://cfpb.gov/prepaid) (ku qoran Af-Ingiriiska). Haddii aad qabto cabasho ku saabsan koontada horubixinta, ka wac Consumer Financial Protection Bureau (Xafiiska Ilaalinta Maaliyadda Macmiilka) lambarka 1-855-411-2372 ama booqo [cfpb.gov/complaint](https://cfpb.gov/complaint) (ku qoran Af-Ingiriiska).

CR-19647221