Washington
Paid Family & Medical Leave
Employment Security Department

Application for Paid Family and Medical Leave

Before you begin

When you apply for benefits online, you can choose how to submit your weekly benefit claims (online or over the phone) and how to receive your benefit payments (direct deposit to your bank account or on a prepaid debit card). When you apply for benefits with a paper application, you are limited to:

1. Submitting weekly benefit claims over the phone by calling 833-717-2273.
2. Receiving your benefit payments on a prepaid debit card.

If you would like to file your weekly claims online or receive your benefit payments through direct deposit, you must submit your application online. Go to www.paidleave.wa.gov for more information.

The Paid Family and Medical Leave Benefit Guide provides information on how to apply for benefits and submit weekly claims. It also explains your rights and responsibilities under the law. Download the guide at www.paidleave.wa.gov/benefit-guide or request a copy by calling 833-717-2273.

Submitting your application

Mail your completed application, copies of your identifying documents, and any other supporting documents (certification of a serious health condition, designated authorized representative form, etc.) to:

Employment Security Department
Paid Family and Medical Leave
P.O. Box 19020
Olympia, WA 98507-0020

Codsiga Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo

Kahor inta aadan bilaabin

Marka aad lacagta ku codsanayso onlaynks, waxaad dooran kartaa sida aad u soo gudbiso codsiyadaada lacagta ee todobaadlaha ah (onlaynka ama taleefan ahaan) iyo sida aad ku heli lahayd lacagahaaga (lacag dhigid toos ah oo la dhigayo akoonkaaga bangiga ama kaarka lacagta lagu shubto). Markaad lacagaha ku codsato qaab warqad ah, waxaad ku xaddidan tahay:

1. Soo gudbinta codsiyadaada lacagta ee todobaadlaha ah ee dhanka taleefanka adigoo wacaya 833-717-2273.
2. Ku qaadashada lacagahaaga kaarka lacagta lagu shubto.

Haddii aad jeclaan lahayd inaad ku xarayso codsiyadaada todobaadlaha ah onlaayn ahaan ama aad ku hesho lacagahaaga qaab lacag dhigid toos ah, waa inaad codsigaga ku soo gudbisaa qaab onlayn ah. Aad www.paidleave.wa.gov si aad u hesho macluumaad dheeraad ah.

Tilmaamaha Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo wuxuu bixiyaa macluumaadka ku saabsan sida loo codsado lacagaha oo loo diro codsiyada toddobaadlaha ah. Waxay kaloo ay kuu sharxaysaa xuquuqdaada iyo waajibaadkaaga hoos yimaada sharciga. Kasoo degso hagitaanka www.paidleave.wa.gov/benefit-guide ama codso nuqul adoo wacaya 833-717-2273.

Soo gudbinta codsigaaga

Kusoo dir boostaada codsigaaga la buuxiyay, nuqulada dhukumiintiyadaada aqoonsiga, iyo dhukumiintiyada kale ee taageerada ah (cadaynta xaalad caafimaad oo halis ah, foomka wakiilka loo oggolaaday, iwm.):

Employment Security Department
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Olympia, WA 98507-0020

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Questions?

If you have questions, please contact us at 833-717-2273 or email paidleave@esd.wa.gov. We are available Monday through Friday between 8:30 a.m. and 4:30 p.m.

Su'aalo ma qabtaa?

Haddii aad su'aalo qabtid, fadlan nagala soo xiriir 833 717-2273 ama iimayl noogu soo dir paidleave@esd.wa.gov. Waxaa nala heli karaa Isniinta illaa Jimcaha inta u dhaxaysa 8:30 subaxnimo iyo 4:30 galabnimo.

Benefit application instructions

Personal and contact information section

Provide your name, Social Security (SSN), birthdate and contact information. The address you provide is where we will mail your prepaid debit card and other correspondence.

Employment information section

We'll use the information you provide to confirm you've worked enough hours to be eligible for leave.

- Employer name. The name of the business or organization you worked for.
- Unified Business Identifier (UBI). Find your employer's UBI by asking them for it, or by using the UBI look-up tool on the Department of Revenue's website (www.DOR.wa.gov).
- Employment start and end dates. If they're your current employer, leave the end date blank and check the box to indicate they're your current employer.

Leave information section

We'll ask for information about your leave request, including the type of leave you're requesting (medical, family, bonding after birth or placement of a child, or military exigency) and your expected start and end dates.

Tilmaamaha codsiga lacagta

Qaybta macluumaadka shakhsi ahaaneed iyo xiriirka

Bixi magacaaga, Sooshal Sikyuuratiga (Social Security Number, SSN), taariikhda dhalashada iyo macluumaadka xiriirka. Ciwaanka aad bixiso waa halka aanu kuugu soo diri doono kaarka lacagta lagu shubo iyo waraaqaha kale.

Qaybta macluumaadka shaqada

Waxaan u isticmaali doonaa macluumaadka aad bixiso si aan u xaqiijino inaad shaqeysay saacado kugu filan si aad ugu qalanto fasaxa.

- Magaca shirkada aad u shaqayso. Magaca ganacsiga ama ururka aad u shaqaysay.
- Aqoonsiga Ganacsiga Midaysan (Unified Business Identifie, UBI). Soo hel UBI-ga shirkadda aad u shaqayso adigoo iyaga waydiinaya, ama adigoo isticmaalaya aaladda raadinta UBI ee ku taal bogga Department of Revenue's (www.DOR.wa.gov).
- Taariikhaha bilowga iyo dhamaadka shaqada. Haddii ay tahay shirkadda aad hadda u shaqayso, ka tag taariikhda dhammaadka iyadoo maran oo calaamad sax saar sanduuqa si aad u muujiso inay tahay shirkadda aad hadda u shaqayso.

Qaybta macluumaadka fasaxa

Waxaan ku waydiin doonaa macluumaadka ku saabsan codsigaaga fasaxa, oo ay ku jiraan nooca fasaxa aad codsanayso (caafimaadka, qoyska, kalgacaylka dhalashada ka dib ama meelaynta ubadka, ama duruufo militari) iyo taariikhaha bilawga iyo dhamaadka ee aad qorsheynayso.

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Can someone else complete this form for me?

You can authorize another individual to act on your behalf for the purposes of Paid Family and Medical Leave benefits. To do this, complete the Designated Authorized Representative form. Contact us at 833-717-2273 to get a copy of the form.

Reasonable accomodation or assistance

If you need a reasonable accommodation or other assistance to help you interact with our program, please let us know. Requests are handled through the Office of the Paid Family and Medical Leave Ombuds. To request an accommodation, email PFMLaccess@esd.wa.gov or call 833-494-2273, Washington Relay Service 711.

Qof kale ma ii buuxin karaa foomkan?

Waxaad u oggolaan kartaa shaqsi kale inuu ku matalo iyadoo u jeeddadu tahay lacagaha Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo. Si tan loo sameeyo, buuxi foomka Wakiilka Loo Oggolaaday. Naga la soo xiriir 833-717-2273 si aad u hesho nuqul ka mid ah foomka.

Abaabul ama caawimaad macquul ah

Haddii aad u baahan abaabul ama caawimaad kale oo macquul ah si ay kaaga caawiso la falgalka barnaamijkeena, fadlan nala soo socodsii. Codsiga waxaa qabta Xafiiska Xiriiriyaha Fasaxa Caafimaadka iyo Qoyska ee Lagu helo Mushaarka (Paid Family and Medical Leave Ombuds). Si aad u codsato habaynta, iimayl u dir PFMLaccess@esd.wa.gov ama wac 833-494-2273.

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Benefit application | Codsiga lacagta

To apply, provide the required information (*) requested below.	Si aad u codsato, bixi macluumaadka loo baahan yahay (*) ee hoos lagaaga codsaday.

Personal information | Xogta Shaqsiga

First name* | Magaca Koowaad* : | **Middle initial | Magaca Dhexe :**

Last name* | Magaca Dambe* :

SSN or ITIN | SSN ama ITIN : | **Date of birth* | Taariikhda Dhalashada* :**

Phone number* | Lambarka Taleefoonka* :

Email address | Ciwaanka Iimaylka:

Preferred contact method* | Habka Xiriirka La doorbidaayo* :

- ☐ Phone | Taleefoonka
- ☐ Email | Iimaylka
- ☐ Mail | Boostada

Can we leave a detailed voicemail message at the phone number you provided?* | Maku reebi karnaa fariinta codka oo faahfaahsan lambarka taleefanka aad bixisay*

- ☐ Yes | Sí
- ☐ No | Maya

What is your preferred language?* | Waa maxay luuqada aad doorbineyso*

- ☐ English | Ingiriis
- ☐ Somali | Soomaali
- ☐ Other. If other, what is your preferred language and dialect? | Mid kale. Haddii aad luuqad kale ku hadasho, waa maxay luuqada aad doorbidayso iyo lahjada? _____

Mailing address* | Ciwaanka boostada* :

City* | Magaalada* :

State* | Gobalka* : | **Zip Code* | Koodhka Boostada* :**

Gender* | Jinsiga* :

- ☐ Female | Dhedig
- ☐ Male | Lab
- ☐ Non-binary | Aan hal jinsi oo gaar ah lahayn
- ☐ Prefer not to say | Waxaan doorbidayaa inaanan sheegin

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Which of the following best describes your ethnicity and/or race? Check all that apply.* | Kuwaan soo socda midkee sida ugu fiican u qeexaya qowmiyadaada iyo/ama isirkaaga? Calaamadee dhammaan meelaha ku khuseeya.*

- ☐ American Indian or Alaskan Native | Hindida Mareykanka ama U dhashay Alaska
- ☐ Black or African American | Madow ama Afrikaan Maraykan ah
- ☐ Hispanic or Latino/Latina | Hispanic ama Latino/Latina
- ☐ Middle Eastern or Arab American | Bariga Dhexe ama Carabta Maraykanka ku Dhashay
- ☐ Native Hawaiian or Other Pacific Islander | U dhashay Hawai ama Jasiiradaha kale ee Pacific Island
- ☐ East Asian | Aasiyada Bari
- ☐ South Asian | Aasiyada Koonfureed
- ☐ Southeast Asian | Aasiyada Koonfur-Bari
- ☐ White | Cadaan
- ☐ Prefer not to say | Waxaan doorbidayaa inaanan sheegin
- ☐ Ethnicity and/or race not listed | Qowmiyad iyo/ama isirka aan halkaan lagu sheegin

_____

Leave information | Macluumaadka Fasaxa

Complete **SECTION 1** if you are the birthing parent and need to take medical leave for your pregnancy and/or delivery of your baby. Complete **SECTION 2** for all other leave types, including bonding with your baby. | Buuxi **QAYBTA 1** haddii aad tahay waalidka dhalay oo aad u baahan tahay inaad fasax caafimaad u qaadato uurkaaga iyo/ama dhalmada ilmahaaga. Dhameystir **QAYBTA 2** dhammaan noocyada fasaxyada kale, oo ay ku jirto wakhti la qaadashada ilmahaaga.

SECTION 1 | QAYBTA 1 :

If you are a parent that is going to or gave birth | Haddii aad tahay waalid u socda ama dhalay:

Are you taking leave for medical care during pregnancy? | Ma waxaad fasax u qaadanaysaa daryeelka caafimaadka xilliga uurka?

- ☐ Yes | Haa
  If yes, baby's due date or date of birth | Haddii jawaabtu haa tahay, taariikhda ilmuhu dhalanaayo ama taariikhda uu dhashay:
  (Month/Day/Year) | (Bisha/Maalinta/Sanadka) _____
- ☐ No | Maya

Are you taking leave to recover from giving birth? | Ma qaadanaysaa fasax aad kaga soo kabsanayso dhalmada?

- ☐ Yes | Haa
  If yes, baby's due date or date of birth | Haddii jawaabtu haa tahay, taariikhda ilmuhu dhalanaayo ama taariikhda uu dhashay:
  (Month/Day/Year) | (Bisha/Maalinta/Sanadka) _____
- ☐ No | Maya

Are you experiencing complications related to your pregnancy or birth? | Miyaad la kulmeysaa dhibaatooyin la xiriira uurkaaga ama dhalashadaada?

- ☐ Yes | Haa
- ☐ No | Maya

Do you plan to take leave to bond with your new baby (typically taken after medical leave)? | Ma waxaad qaadanaysaa fasax aad wakhti kula qaadanayso ilmahaaga cusub (sida caadiga ah waxa la qaataa fasaxa caafimaadka kadib)?

- ☐ Yes | Haa
- ☐ No | Maya

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SECTION 2| QAYBTA 2 :
For all other situations | Dhammaan xaaladaha kale :

Why do you need to take leave? (Choose one) **| Maxaad ugu baahan tahay fasaxa?** (Calaamadee mid)

- ☐ Medical leave for yourself | Fasaxa caafimaadka naftaada
- ☐ Leave to care for a family member | Fasaxa aad qaadanayso si aad u daryeesho xubin qoyska kamid ah
  If yes, which family member are you taking leave for? | Hadday ay haa tahay, xubintee qoyska ka mid ah ayaad fasax u qaadanaysaa?
  - ☐ Child (or son-in-law, daughter-in-law) | Ilmo (ama soddog, gabadh uu soddog u yahay)
  - ☐ Grandchild | Canug aad Awoowe u tahay
  - ☐ Grandparent (or grandparent of spouse) | Awoowe (ama awoowada xaaska)
  - ☐ Parent (or parent of spouse) | Waalidka (ama waalidka xaaska)
  - ☐ Sibling | Walaal
  - ☐ Spouse | Lamaane
  - ☐ Other | Mid kale: _____
- ☐ Bonding after the birth of your child | Fasaxa xiriirka lagula yeesho ilmaha kadib dhalmada cunugaaga
  If yes, child's date of birth | Haddii jawaabtu haa tahay, taariikhda ilmuhu dhashay:
  (Month/Day/Year)| (Bisha/Maalinta/Sanadka) _____
- ☐ Bonding after the placement of your foster child | Fasaxa xiriirka lagula yeesho ilmaha kadib ilmo aad korineyso laguu keeno
  If yes, child's date of placement | Haddii jawaabtu haa tahay, taariikhda ilmuhu la qoray:
  (Month/Day/Year) | (Bisha/Maalinta/Sanadka) _____
- ☐ Bonding after the adoption of your child | Fasaxa xiriirka lagula yeesho ilmaha kadib korshada cunugaaga
  If yes, child's date of adoption | Haddii jawaabtu haa tahay, taariikhda korsashada ilmaha:
  (Month/Day/Year) | (Bisha/Maalinta/Sanadka) _____
- ☐ Military exigency | Xubin militiriga katirsan
  If yes, which family member are you taking leave for? | Hadday ay haa tahay, xubintee qoyska ka mid ah ayaad fasax u qaadanaysaa?
  - ☐ Child (or son-in-law, daughter-in-law) | Ilmo (ama soddog, gabadh uu soddog u yahay)
  - ☐ Grandchild | Canug aad Awoowe u tahay
  - ☐ Grandparent (or grandparent of spouse) | Awoowe (ama awoowada xaaska)
  - ☐ Parent (or parent of spouse) | Waalidka (ama waalidka xaaska)
  - ☐ Sibling | Walaal
  - ☐ Spouse | Lamaane
  - ☐ Other | Mid kale: _____

SECTION 3 | QAYBTA 3 :
How long do you expect to be on leave?* | Muddo intee le'eg ayaad filaysaa inaad maqnaanayso?*
Start date (Month/Day/Year) | Taariikhda Billoowga (Bisha/Maalinta/Sanadka): _____
End date (Month/Day/Year) | Taariikhda La dhameynaayo (Bisha/Maalinta/Sanadka): _____

If your start date is more than 30 days ago, tell us why you didn't apply sooner and give as much detail as you can. Attach additional pages if needed. | Haddii taariikhda bilawgaagu ay ka badan tahay 30 maalmood ka hor, noo sheeg sababta aad dhakhso u codsan wayday oo bixi tafaasiisha ugu badan ee aad kari karto. Ku lifaaq boggag dheeraad ah haddii loo baahdo.

_____

_____

_____

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Employment information | Xogta Shaqada

We need your employment history to determine whether you've worked enough hours to qualify for leave. Please list each employer you've worked for within the last 18 months. Attach additional pages if needed.	Waxaan u baahanahay taariikhdaada shaqo si aan u go'aamino inaad shaqeysay saacado kugu filan si aad ugu qalanto fasaxa. Fadlan qor shaqo bixiye kasta oo aad u shaqeysay 18 kii billood ee la soo dhaafay. Ku dheji bogag dheeraad ah haddii loo baahdo.

What is your current employment status?* | Waa maxay heerkaaga shaqo ee hadda*

- ☐ Full-time salaried employee | Shaqaale maalin buuxda oo mushahar ku shaqeeya
- ☐ Full-time hourly employee | Shaqaale maalin buuxda oo saacad ku shaqeeya
- ☐ Part-time salaried employee | Shaqaale maalin niskeed ah oo mushahar ku shaqeeya
- ☐ Part-time hourly employee | Shaqaale maalin niskeed ah oo saacad ku shaqeeya
- ☐ Unemployed | Shaqo la'aan

Employer name* | Magaca Shirkada* :

UBI* | UBI* :

Employer phone number* | Lambarka taleefoonka shirkada* :

Is this your current employer?* | Kani ma lambarka aad hadda isticmaashaa?*

- ☐ Yes | Haa
- ☐ No | Maya

Did you know you would need to take leave before your leave started? | Ma ogtahay inaad u baahan tahay inaad fasax qaadato ka hor inta aanu fasaxaagu bilaaban?

- ☐ Yes | Haa
- ☐ No | Maya

Did you notify this employer that you plan to take leave?* | Ma u sheegtay shirkadaan inaad qorsheyneyso inaad qaadato fasax?*

- ☐ Yes | Haa
  If yes, on what date did you notify them? | Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga?
  (Month/Day/Year) | (Bisha/Maalinta/Sanadka) _____
- ☐ No | Maya
- ☐ Requirement waived | Shuruudaha la dhaafay

Employment start date (Month/Day/Year)* | Taariikhda aad billoowday Shaqada (Bisha/Maalinta/Sanadka)* : _____

Employment end date (Month/Day/Year) | Taariikhda La dhameynaayo Shaqada (Bisha/Maalinta/Sanadka) : _____

Employer address* | Ciwaanka Deegaanka Shirkada* :

City* | Magaalada* :

**State*	Gobalka* :**	**Zip Code*	Koodhka Boostada* :**

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Employer name* | Magaca Shirkada* :	
UBI* | UBI* :	
Employer phone number* | Lambarka taleefoonka shirkada* :	
Is this your current employer?* | Kani ma lambarka aad hadda isticmaashaa?* ☐ Yes | Haa ☐ No | Maya	
Did you notify this employer that you plan to take leave?* | Ma u sheegtay shirkadaan inaad qorsheyneyso inaad qaadato fasax?* ☐ Yes | Haa If yes, on what date did you notify them? | Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga? (Month/Day/Year) | (Bisha/Maalinta/Sanadka) _____ ☐ No | Maya ☐ Requirement waived | Shuruudaha la dhaafay	
Employment start date (Month/Day/Year)* | Taariikhda aad billoowday Shaqada (Bisha/Maalinta/Sanadka)* :	
Employment end date (Month/Day/Year) | Taariikhda La dhameynaayo Shaqada (Bisha/Maalinta/Sanadka) :	
Employer address* | Ciwaanka Deegaanka Shirkada* : **City* | Magaalada* :**	
State* | Gobalka* :	**Zip Code* | Koodhka Boostada* :**
Employer name* | Magaca Shirkada* :	
UBI* | UBI* :	
Employer phone number* | Lambarka taleefoonka shirkada* :	
Is this your current employer?* | Kani ma lambarka aad hadda isticmaashaa?* ☐ Yes | Haa ☐ No | Maya	
Did you notify this employer that you plan to take leave?* | Ma u sheegtay shirkadaan inaad qorsheyneyso inaad qaadato fasax?* ☐ Yes | Haa If yes, on what date did you notify them? | Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga? (Month/Day/Year) | (Bisha/Maalinta/Sanadka) _____ ☐ No | Maya ☐ Requirement waived | Shuruudaha la dhaafay	
Employment start date (Month/Day/Year)* | Taariikhda aad billoowday Shaqada (Bisha/Maalinta/Sanadka)* :	
Employment end date (Month/Day/Year) | Taariikhda La dhameynaayo Shaqada (Bisha/Maalinta/Sanadka) :	
Employer address* | Ciwaanka Shirkada* : **City* | Magaalada* :**	
State* | Gobalka* :	**Zip Code* | Koodhka Boostada* :**

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Consent and signature	**Oggolaanshaha iyo saxiixa**
We share and receive information about you or your claim with your employers and other programs, such as the Division of Child Support, Workers' Compensation or Unemployment Insurance. We may need to verify information you provide and may request additional information as needed. If you misrepresent yourself, or knowingly withhold information from us, it will be considered fraud. If you provide inaccurate information, we may deny your benefit application or require that you pay back benefits you were given. You could face fines or criminal prosecution.	Waxaan la wadaagnaa oo aan ka heli karnaa macluumaadka kugu saabsan ama codsiga qof aad u shaqayso iyo barnaamijyada kale, sida Waaxda Taageerada Ilmaha, Magdhawga Shaqaalaha ama Caymiska Shaqo la'aanta. Waxaa laga yaabaa inaan u baahanahay inaan xaqiijino macluumaadka aad bixisay waxaana laga yaabaa inaan codsano macluumaad dheeri ah haddii loo baahdo. Haddi aad si khaldan isu sheegto, ama adigoo og aad naga qariso macluumaadka, waxa loo qaadan doonaa khiyaamo. Haddii aad bixiso macluumaad aan sax ahayn, waxa laga yaabaa in aanu diidno codsigaga dheefta ama waxa laga yaabaa in aanu kaa doonayno in aad dib u bixiso waxtarrada lagu siiyey. Waxaad wajihi kartaa ganaax ama dacwad dambiyeed.
Signature* | Saxiixa* :	**Date* | Taariikhda* :**
Printed name* | Magaca Farta Waawayn laagu qoray* :	

Authorized Representative	**Wakiilka oggolaanshaha Haysta**
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.	*Haddii qofka codsanaya faa'iidooyinka aanu awoodin inuu saxiixo foomkan xaalad caafimaad oo halis ah ama dhaawac awgiis, wakiil idman ayaa u saxeexi kara iyaga oo metelaya, waase haddii ay sidoo kale soo gudbiyaan foom la magacaabay oo wakiil idman.*
Authorized representative name | Magaca Wakiilka oggolaanshaha Haysta :	
Authorized representative signature | Saxiixa Wakiilka oggolaanshaha Haysta :	
Date | Taariikhda :	
Phone number | Lambarka Taleefoonka :	
Email | Iimaylka :	

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DUKUMEENTIYADA XAQIIJINTA AQOONSIGA

Dukumeentiyada aqoonsiga ah ee la aqbali karo xiliga Fasaxa Qoyska iyo Caafimaadka ee Mushaarka leh

Waa waajib inaad kusoo lifaaqdo xaqiijinta aqoonsiga arjigaaga Fasaxa Mnshaarka Leh **Soo gudbi hal dukuminti MISE labo dukuminti oo kala duwan ku jira oo ka mid ah liiska hoos ku qoran. Ha soo dirin dukumiintiyada rasmiga ah.**

Dukumentiyada iskood ah (mid ka mid ah kuwan))

- Nooca aqoonsiga ah ee aay bixiso dowladda Maraykanka (heer fadaraal mise goboleed) oo **shaqaynaya** (sida baasaboor, kaarka baasaboorka, kaarka aqoonsiga, laysanka darawalnimada ee la casriyeeyey ama caadiga ah, Kaarka Fiisaha Gudbitaanka Xaduuda B1/B2, iwm.)
- Aqoonsiga Jinsiyadda Maraykanka iyo Hay'adda Socdaalka oo **shaqaynaya.** Noocyada dukumiintiyada ee la aqbali karo waa:
  - I-327 Ogolaanshaha Dib ku galka Dukumeentiga Socdaalka ee Maraykanka
  - I-551 Kaarka Degganaanshaha Joogtada ah
  - I-571 Dukumeentiga Socdaalka Qaxootiga Maraykanka
  - I-766 Oggolaanshaha Shaqada
- Nooc aqoonsi ah ee aay bixisey dowlad shisheeye oo **shaqaynaya** (sida baasaboorka, kaaraka Aqoonsiga qunsuliyada, kaarka aqoonsiga dalka mise "cedula" oo leh saxeex iyo sawir, iwm.)
- Kaarka aqoonsiga ee diiwaangelinta oo **shaqaynaya** oo aay bixisay qabiil Hindi ah oo federaal ahaan la aqoonsan yahay oo leh saxeex iyo sawir
- Kaarka Aqoonsiga ee uu bixiyay Xafiiska Maraykanka ee Arrimaha Hindida oo **Shaqaynaya** oo leh saxeex iyo sawir

Dukumeentiyada kale (2 ka mid ah kuwan)

- Nooca aqoonsiga ah ee aay bixiso dowladda Maraykanka (heer fadaraal mise goboleed) oo **dhacay** (sida baasaboor, kaarka baasaboorka, kaarka aqoonsiga, laysanka darawalnimada ee la casriyeeyey ama caadiga ah, Kaarka Fiisaha Gudbitaanka Xaduuda B1/B2, iwm.)
- Aqoonsiga Jinsiyadda Maraykanka iyo Hay'adda Socdaalka oo **dhacay.**
  - I-327 Ogolaanshaha Dib ku galka Dukumeentiga Socdaalka ee Maraykanka
  - I-551 Kaarka Degganaanshaha Joogtada ah
  - I-571 Dukumeentiga Socdaalka Qaxootiga Maraykanka
  - I-766 Oggolaanshaha Shaqada
- Nooc aqoonsi ah ee aay bixisey dowlad shisheeye oo **dhacay** (sida baasaboorka, kaaraka Aqoonsiga qunsuliyada, kaarka aqoonsiga dalka mise "cedula" oo leh saxeex iyo sawir, iwm.)
- Warqadaha korsashada
- Shahaadada dhalashada ee Maraykanka ama dal shisheeye oo sax ah
- Kaarka diiwaangelinta dhalashada oo la xaqiijiyay oo ay ku qoran tahay magacaaga, taariikhda dhalashadaada, meesha aad ku dhalatay, taariikhda aad soo xareysatay iyo taariikhda lagu siyey
- Ogolaanshaha hubka qarsoon ee saxda ah oo ay bixisay hay'ad dowladeed ama degmo
- Warbixin Qunsuliyada ee Dhalashada Dibadda
- Go'aanka Cunuga aay Mas'uul katahay Maxkamada/Amarka Ku tiirsanaanta Dowlada
- Warqadda ogolaanshaha ama diiwaanka gaari wadista ee ka soo baxday waaxda gaadiidka ee gobolka
- Go'aanka furiinka oo la ansixiyey
- Shahaadada/leeysinka guurka oo la ansixiyey

- Leeysinka shaqada (kalkaalisada caafimaadka, dhakhtarka, injineerka, iwm.)
- Shahaadada dugsiga ama diiwaanka
- Kaarka aqoonsiga ardayga oo shaqaynaya oo aay bixisey kuliyad ama jaamacad la aqoonsan yahay
- Warqada Aqoonsiga Shaqaalaha Gaadiidka (TWIC)
- Dukumeentiga Diiwaangelinta mise lahaanshaha gaariga (dukumeenti lahaansho oo degdeg ah **lama** aqbali karo)
- Dukumeentiga cadaynaya kharashaadka addeega guriga (gaaska, korontada, biyaha, qashinka, wasakhda, telefoonka leenleenka, TV-ga, internetka, ISTA)
- Warqadda kaalmooyinka (dawooyinka, cuntada, iwm.) ee Waaxda Adeegyada Bulshada iyo Caafimaadka (DSHS)
- Caddeynta lahaanshaha guriga (dukumeentiyada heshiiska amaahda guryaha, dukumeentiyada canshuurta hantida, waraaqaha kala qaadashada, dukumeentiga lahaanshaha guriga, iwm.)
- Boosto ganacsi oo ka imaadey hay'ad goboleed, federaal, qabiil, degmo, ama dowladeed
- Warqada Lambarka Aqoonsiga Canshuurta ee Shakhsiga (ITIN) oo aay bixisey Hay'adda Dakhliga Gudaha (IRS)
- Heshiiska Caymiska milkiilaha guriga ama kiraystaha guriga
- Heshiiska ama biilka caymiska gaariga
- Jeeg mushaar ama warqad mushaar oo ay ku qoran tahay magaca iyo lambarka telefoonka ama cinwaanka shaqa-bixiyaha
- Foomka W-2 oo uu bixiyey shaqa-bixiye ama foomka 1099
- Dukumeentiga baarkinka doomaha (biil, qandaraas iwm.)

Shaacinta Ka hor Helitaanka ee U.S. Bank ReliaCard®
Magaca Barnaamijka: Washington Paid Family & Medical Leave

Qaar ka mid ah agabyada iyo adeegyada waxaa laga yaaba in lagu heli karo Af-Ingiriisi oo kaliya. Linkiyada ku jira farriintan waxay kuu diri karaan websaydhyada luuqadda Ingiriisiga ah.

Waxaad haysataa ikhtiyaaro ah sida aad ku heli karto lacagahaaga, oo ay ku jiraan deebaajiga tooska ah ee koontadaada bangiga ama kaarkan horay loo bixiyay lacagtiisa. Waydii wakiilka xulashooyin jira oo dooro ikhtiyaarkaaga.

Kharashka bil kasta ah	Iibsi kasta	Lacag Kala Bixida ATM-ka	Lacag ku shubashada
$0	**$0**	**$0** shabakadda-dhexdeeda **$2.50** shabakada-ka-baxsan	**Ma Khusayso**

Waydiinta hadhaaga ATM-ka (shabakadda-dhexdeeda ama shabakadda-ka-baxsan)	$0
Adeegga Macaamiisha (wakiil khadka tooska ah ama otomaatig ah)	$0 halkii wicitaan
Dhaqdhaqaaq la'aanta	$0

Waxaan ku soo dalacnay 3 noocod oo kale oo khidmado ah. Waa kuwan qaar ka mid ah:

Wax Iibsiga Caalamiga ah	3%
Beddelka Kaadhka (Gaarsiin caadi ah ama mid degdeg ah)	$0 ama $15.00

Ka fiirso Jadwalka Khidmadda ee la socota habab bilaash ah oo aad ku gasho lacagahaaga iyo macluumaadka dheelitirka.

Ma jiro adeeg dheeraad ah oo deyn/amaah ah.
Lacagahagu waxay u qalmaan caymiska FDIC.

Wixii macluumaad guud ee ku saabsan koontooyinka lacagtooda horay loo bixiyay, booqo *cfpb.gov/prepaid.*
Soo hel faahfaahinada iyo shuruudaha dhammaan khidmadaha iyo adeegyada ku jira xirmada kaadhka ama wac **1-888-964-0359** ama booqo **usbankreliacard.com**.

Jadwalka Khidmadaha U.S. Bank ReliaCard®
Magaca Barnaamijka: Washington Paid Family & Medical Leave

Dhamaan khidmadaha	Qaddarka	Faahfaahinta
Hel lacag caddaan ah		
Lacag kala bixista ATM-ka (shabakadda-dhaxdeeda)	$0	Tani waa khidmaddayada ka lacag baxsasho kasta. "Shabakadda-dhexdeeda" waxaa loola jeedaa shabakadaha ATM-ka ee U.S. Bank ama MoneyPass®. Goobaha waxaa laga heli karaa *usbank.com/locations* ama *moneypass.com/atm-locator. html*.
Lacag baxsashada ATM-ka (Shabakadda-ka-baxsan)	$2.50	Tani waa khidmaddeena lacag ka baxsasho kasta. “shabakada ka baxsan” Waxa loola jeedaa dhammaan ATM-yada ka baxsan U.S. Bank ama shabakadaha ATM-ka ee MoneyPass. Waxaa kale oo laga yaabaa in uu lacag ku saaro hawl-wadeenka ATM-ka xitaa haddii aadan dhammaystirin wax is weydaarsi.
Lacag kala bixitaanka Xisaabiyaha-bangiga	$0	Tani waa khidmaddayada marka aad lacag caddaan ah kala baxdo kaadhkaaga bixiyaha bangiga ama ururka amaahda ee aqbala Visa ®.
Ku isticmaalka kaarkaga meel ka baxsan Maraykanka		
Wax isweydaarsiga Caalamiga ah	3%	Tani waa khidmaddayada khuseysa marka aad u isticmaasho kaarkaaga wax iibsiga ee ganacsatada ajnabiga ah iyo ka baxsashada lacag caddaan ah ATM-yada ajnabiga ah waana boqolkiiba inta wax kala iibsiga dollarka ah, ka dib lacag beddelasho kasta. Wax kala iibsiga qaar ka mid ah, xataa haddii adiga iyo/ama baayacmushtarka ama ATM ku yaalaan dalka Maraykanka, waxaa loo arkaa macaamil ganacsi shisheeye sida ku xusan xeerarka shabakada khuseeya, oo ma xakameyno sida ganacsatada, ATM-yada iyo wax kala iibsiga, loogu kala saaray ujeeddadan.
Baxsashada ATM-yada Caalamiga ah.	$3.00	Tani waa khidmaddeena lacag ka baxsasho kasta. Waxa kale oo laga yaabaa in uu lacag kugu dalaco hawl-wadeenka ATM-ka xataa haddii aanad dhamaystirin wax isweydaarsiga.
Wax kale		
Bedelka Kaadhka	$0	Tani waa khidmaddayada beddelka kaar kasta oo laguugu soo diro boostada iyadoo la raacayo keenista caadiga ah (illaa 10 maalmood oo shaqo ah).
Keenitaanka Degdega ah ee Kaadh Beddelka	$15.00	Tani waa khidmadeena keenista degdegga ah (illaa 3 maalmood oo shaqo ah) oo lagu soo dalaco marka lagu daro khidmad kasta oo Beddelka Kaadhka ah.

Iyadoo wada-xiriirkan lagu bixiyo Af-Soomaali iyadoo la raacayo wada-xiriirada U.S. Bank, iyo dukumiintiyada la xiriira heshiisyadaada qandaraaseed, shaacinada, ogeysiisyada, iyo bayaannada, adeegyada bangiga ee Internet-ka iyo taleefanka-gacanta waxaa lagu heli karaa oo keliya Afka-Ingiriisi. Xidhiidhada ku jira isgaadhsiintan ayaa laga yaabaa inay ku toosiyaan shabakadaha luqadda-Ingiriisiga. Waa waajib in aad akhrin karto oo aad fahmi karto dhukumiintiyadan, ama aad caawin u heli kartaa turjumaadooda, si aad u fahamto oo aad u isticmaasho alaabtan ama adeegan. Dhukumiinti Af-Ingiriisi ah ayaa la heli karaa marka la codsado.

Lacagahagu waxay u qalmaan caymiska FDIC. Lacagahaagu waxaa lagu hayn doonaa U.S. Bank National Association, machad ay caymiso FDIC, waxaana FDIC ku cayminaysa ilaa $250,000 haddii uu U.S. Bank guuldaraysto. Eeg *fdic.gov/deposit/deposits/prepaid.html* wixii faahfaahin ah.

Ma jiro adeeg dheeraad ah oo deyn/amaah ah.
La xidhiidh Adeegyada Kaarka Haystaha adigoo wacaya **1-888-964-0359**, boostada ku soo dir PO Box 551617, Jacksonville, FL 32255 ama booqo ***usbankreliacard.com***.

Wixi macluumaad guud oo ku saabsan koontada horbixinta, booqo *cfpb.gov/prepaid*. Haddii aad cabasho ka qabto koontada horay loo bixiyay, wac Xafiiska Ilaalinta Maaliyadeed ee Macmiilka 1-855-411-2372 ama booqo *cfpb.gov/complaint*.

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