

«Name»
«Address_Line_1»
«Address_Line_2»
«City» «State» «Zip»

Codsiga Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo

Ka hor inta aadan bilaabin

Marka aad lacagta ku codsanayso onlaayn ahaan, waxaad dooran kartaa sida aad u soo gudbisno codsiyadaada lacagta ee todobaadlaha ah (onlaayn ahaan 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 onlaayn ah. Gal www.paidleave.wa.gov si aad u hesho macluumaad dheeraad ah.

Tilmaamaha Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo waxa uu 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. Ka degso tilmaamaha halkan paidleave.wa.gov/benefit-guide ama codso nuqul adigoo wacaya 833-717-2273.

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) ama Lambarka Aqoonsiga Loo Shaqeeyaha ee Federaalka (Federal Employer Identification Number, FEIN). Soo hel UBI-ga shirkadda aad u shaqayso adigoo iyaga waydiinaya, ama adigoo isticmaalaya aaladda raadinta UBI ee ku taal bogga Waaxda Dakhliga (www.DOR.wa.gov).
- Taariikhaha bilowga iyo dhammaadka 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 durufo militari) iyo taariikhaha bilawga iyo dhamaadka ee aad qorsheynayso.

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. Codsiyada abaabulka macquulka ah waxaa lagu maamulaa iyadoo loo marayo Dhexdhexaadiyaha Xafiiska Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo. Si aad u codsato abaabul, iimayl u dir PFMLaccess@esd.wa.gov ama wac 833-494-2273, Washington Relay Service 711.

Soo gudbinta codsigaaga

Codsigaaga la buuxiyay, koobiyada dukumiintiyadaada aqoonsiga, iyo dukumintiyada kale ee taageeraya (cadaynta xaalad caafimaad oo halis ah, foomka wakiilka loo oggolaaday, iwm.) boosto ahaan ugu dir:

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

Su'aalo?

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

Codsiga lacagta

Macluumadka shaqsiyeed

Dhammaan qaybaha waa loo baahan yahay haddii aan si kale loo sheegin.

Magaca (koowad, dhexe, dambe):

SSN:

Taariikhda Dhalashada:

Lambarka taleefanka:

Cinwaanka iimaylka (ikhtiyaar):

Habka xiriirka ee aad door biday:

- Taleefan
- Iimayl
- Boosto

Ma kaga tagi karnaa fariin cod ah oo

faahfaahsan lambarka taleefanka aad na siisay?

- Haa
- Maya

Marka ay suurtagalka tahay, ma doorbidaysaa inaad ku hadasho luqad aan Ingiriisi ahayn?

- Haa
- Maya

Waa maxay luqadda aad door bidayso?

- | | | |
|--|-----------------------------------|------------------------------------|
| <input type="radio"/> Amxaari | <input type="radio"/> Japanese | <input type="radio"/> Ruush |
| <input type="radio"/> Carabi | <input type="radio"/> Kuuriyaan | <input type="radio"/> Soomaali |
| <input type="radio"/> Kambodiyani (Khmer) | <input type="radio"/> Laotian | <input type="radio"/> Isbaanish |
| <input type="radio"/> Shiinees | <input type="radio"/> Marshallase | <input type="radio"/> Tagalog |
| <input type="radio"/> Ingiriis | <input type="radio"/> Oromo | <input type="radio"/> Yukreeniyaan |
| <input type="radio"/> Farsi | <input type="radio"/> Punjabi | <input type="radio"/> Fitnaamiis |
| <input type="radio"/> Other. Haddii ay tahay mid kale, waa maxay luqadda aad door bidayso? _____ | | |

Cinwaanka boostada:

Magaalada:

Gobolka:

Zip Code:

Jinsiga:

- Dhedig
- Lab
- Aan labadaba aheyn
- Waxan doorbidaya in aan sheegin

Kuwa soo socda keebaa si fiican u tilmaamaya hidahaaga qowmiyadeed? Calaamadee dhammaan kuwa ku khuseeya.

- | | |
|--|--|
| <input type="radio"/> Caddaan | <input type="radio"/> Dhaladka Hawaii ama Jasiiradaha kale ee Baasifigga |
| <input type="radio"/> Madow ama Afrikaan Maraykan ah | <input type="radio"/> Hispanic ama Latinx |
| <input type="radio"/> Hindi Mareykan ama Dhalad Alaska | <input type="radio"/> Bariga Dhexe ama Carabta Maraykanka |
| <input type="radio"/> Koonfurta Aasiya ama Mareykanka Koonfurta Aasiya | <input type="radio"/> Waxan doorbidaya in aan sheegin |
| <input type="radio"/> Bariga Aasiya ama Mareykanka Bari Aasiya | <input type="radio"/> Other. Haddii ay tahay wax kale, fadlan sheeg: _____ |
| <input type="radio"/> Koonfur-bari Aasiya ama Mareykanka Koonfur-bari Aasiya | |

- Δ Koonfur-bari Aasiya ama Mareeykanka
Koonfur-bari Aasiya

Ka tag macluumaad

Dhameystir qaybaha kow AMA laba. Dhammaan qaybaha kale ayaa loo baahan yahay.

QAYBTA 1 aad:

Haddii aad tahay waalid u socda ama dhalay:

Ma waxaad fasax u qaadanaysaa daryeelka caafimaadka xilliga uurka?

- Δ Haa. Hadday ay haa tahay, taariikhda dalashada ilmaha ama taariikhda dalashada : _____
Δ Maya

Ma qaadanaysaa fasax aad kaga soo kabsanayso dhalmada?

- Δ Haa. Hadday ay haa tahay, taariikhda u dalanayo ilmaha ama taariikhda dalashada: _____
Δ Maya

Miyaad la kulmeysaa dhibaatooyin la xiriira uurkaaga ama dhalashadaada?

- Δ Haa
Δ Maya

Ma waxaad qaadanaysaa fasax aad ku xirirayso ilmahaaga cusub (sida caadiga ah waxa la qaataa fasaxa caafimaadka ka dib)?

- Δ Haa
Δ Maya

QAYBTA 2aad:

Dhammaan xaaladaha kale:

Maxaad ugu baahan tahay inaad fasax qaadato? (Mid dooro)

- Δ Fasaxa caafimaadka naftaada
Δ Fasaxa aad qaadanayso si aad u daryeesho xubin qoyska ah
Hadday ay haa tahay, xubintee qoyska ka mid ah ayaad fasax u qaadanaysaa?
Δ Waalidka (ama waalidka xaaska)
Δ Xaaska
Δ Ilmo (ama soddog, gabadh uu soddog u yahay)
Δ Walaal
Δ Canug aad Awoowe u tahay
Δ Awoowe (ama awoowada xaaska)
Δ Mid kale: _____
Δ Isku xirka dhalashada ka dib ama meelaynta ilmaha
Hadday ay haa tahay, taariikhda dhalashada ama meelaynta: _____
Δ Awood ciidan

QAYBTA 3 aad:

Ilaa intee ayaad filaysaa inaad fasax ku jirto?

Taariikhda billowga: _____

Taariikhda dhamaadka: _____

Ma ogtahay inaad u baahan tahay inaad fasax qaadata ka hor inta aanu fasaxaagu bilaaban?

- Haa
- Maya

Macluumaadka shaqada

Waxaan u baahanahay taariikhdaada shaqo si aan u eegno hadii aad shaqeysay saacado kugu filan si aad ugu qalanto fasaxa. Fadlan qor cid kasta oo aad u shaqaysay 18 bilood ee lasoo dhaafay. Ku dheji bogag dheeraad ah haddii loo baahdo.

Waa maxay heerkaaga shaqo ee hadda?

- Shaqaale mushahar buuxa qaata
- Shaqaale waqti-dhiman ama saacadle ah
- Shaqo la'aan

Magaca loo shaqeeyaha:

UBI ama FEIN:

Lambarka taleefanka loo-shaqeeyaha:

Tani ma loo-shaqeeyahaaga haddaa?

- Haa
- Maya

Ma qorsheynaysaa inaad fasax ka qaadata loo-shaqeeyahan?

- Haa
- Maya

Ma ogeysiisay loo-shaqeeyahan inaad qorshaynayso inaad fasax ka qaadata?

- Haa
- Maya
- Shuruudaha waa la dhaafay

Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga? _____

Taariikhda bilawga shaqada:

Taariikhda dhamaadka shaqadu (ikhtiyaari):

Cinwaanka loo-shaqeeyaha:

Magaalada:

Gobolka:

Koodhka sibka:

Magaca loo shaqeeyaha:

UBI ama FEIN:

Lambarka taleefanka loo-shaqeeyaha:

Magaca loo shaqeyaha:		
UBI ama FEIN:	Lambarka taleefanka loo shaqeyaha:	
Tani shirkadda aad hadda ka shaqeyso miyaa? <input type="checkbox"/> Haa <input type="checkbox"/> Maya	Ma qorsheynaysaa inaad fasax ka qaadata meesha aad ka shaqeyso? <input type="checkbox"/> Haa <input type="checkbox"/> Maya	
Ma ogeysiisay meesha aad ka shaqeyso inaad qorshaynayso inaad fasax qaadata? <input type="checkbox"/> Haa <input type="checkbox"/> Maya <input type="checkbox"/> Shuruudaha la dhaafay		
Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga? _____		
Taariikhda bilawga shaqada:	Taariikhda dhamaadka shaqada:	
Cinwaanka meesha aad ka shaqeyso:		
Magaalada:	Gobolka:	Zip Code:

Oggolaanshaha iyo saxiixa

Fasaxa Qoyska iyo Caafimaadka ee Lacagta lagu bixiyo ayaa laga yaabaa inay hay'adaha kale, waaxaha, ama shirkadaha aad u shaqayso la wadaagaan kana helaan macluumaadka adiga kugu saabsan (ama codsigaaga). 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 aan diidno codsigaga lacagta ama waxa laga yaabaa in lagaa doonayo in aad dib u soo celiso lacagaha lagu siiyey. Waxaad wajihi kartaa ganaax ama dacwad dambiyeed. Markaan saxiixo dukumintigaan, *Waan ogolahay siidaynta macluumaadkayga waxaanna si run ah uga jawaabay su'aalaha codsiga.*

Saxiixa:	Taariikhda:
Magaca oo far waaweyn ah:	
<i>Haddii qofka codsanaya lacagaha aanu awoodin inuu saxiixo foomkan xaalad caafimaad oo halis ah awgeed, wakiil idman ayaa u saxiixi kara iyaga oo metelaya, waase haddii ay sidoo kale soo gudbiyaan foomka Wakiilka Loo Fasaxay.</i>	
Magaca wakiilka loo fasaxay (ikhtiyaari):	
Saxiixa wakiilka loo fasaxay (ikhtiyaari):	Taariikhda (Ikhtiyaari):
Lambarka taleefanka (ikhtiyaari):	
Iimayl (ikhtiyaari):	

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 saxeex iyo sawir, iwm.)
- **Kaarka** saxda ah ee aqoonsiga isdiiwaangalinta ee ka socota qabiilka Hindida ee federaalka 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 saxeex 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'ad 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)

Caddeynta Uurka iyo Dhalmada

Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo

TALLAABADA 1:

Dooro foomka saxda ah

Xirmadani waxay leedahay foomam loogu talagalay heer kasta oo uurka iyo dhalmada ah. Dooro foomka loogu talagalay xaaladahaaga. Waxaad u baahan doontaa inaad codsi iyo dukuminti ka soo gudbiso nooc kasta oo fasax ah oo aad u baahan tahay.

Uur

- U isticmaal foomka **Caddeynta Daryeelka Caafimaadka ee Kahor Dhalmada** si aad u codsato fasaxa caafimaadka ee daryeelka caafimaadka inta aad uurka leedahay.

Ka soo kabsashada dhalmada

- U isticmaal foomka **Caddeynta Dhalmada** lixda toddobaad ee ugu horreeya ee fasaxa caafimaadka si aad uga soo kabato dhalmada. Foomkan waxaa loo isticmaali karaa fasaxa caafimaadka si aad uga soo kabsato dhalmada iyo fasaxa qoyska si aad u xanaaneyso ilmahaaga.
- Isticmaal foomka **Caddeynta Caafimaadka ee Dhibaatooyinka Dhalmada** marka aad u baahan tahay fasax caafimaad oo ka badan lix toddobaad si aad uga soo kabsato dhalmada.

Xanaaneynta ilmahaaga cusub

- Labada waalidba waxay isticmaali karaan foomka **Caddeynta Dhalmada** si ay u helaan fasaxa qoyska si ay u xanaaneeyaan ilmaha u dhashay. Ogow, fasaxa xanaaneynta wuxuu u baahan yahay codsi gooni ah.

TALLAABADA 2:

Buuxi foomka

Bixiyahaaga daryeelka caafimaadka wuxuu u baahan yahay inuu buuxiyo oo saxiixo foomamka caddeynta caafimaadka. Foomamka ay saxiixeen bixiyeyaasha daryeelka caafimaadka in ka badan 90 maalmood ka hor taariikhda codsigaaga lama aqbali doono. Tilmaamaha bixiyaha daryeelka caafimaadka ayaa ku jira xirmadan.

Bixiyahaaga daryeelka caafimaadka, umulisadaada, ama wakiilka xarunta daryeelka caafimaadka waa inay buuxiyaan oo saxiixaan foomka Caddeynta Dhalmada.

Qof kale ma ii buuxin karaa foomkan?

- Waxaa laga yaabaa inaad u ogolaato shaqsi kale inuu magacaaga ku matalo iyadoo u jeedadu tahay lacagaha Fasaxa Qoyska iyo Caafimaadka ee Lacagta lagu bixiyo adiga oo buuxinaya foomka Wakiilka Loo Oggolaaday.
- Naga soo wac 833-717-2273 si aad u codsato nuqul ka mid ah foomka Wakiilka Loo Oggolaaday.

TALLAABADA 3:

Soo gali foomkaaga aad buuxisay

Soo gali foomkaaga akoonkaaga lacagta ee Paid Leave ama ku soo dar codsigaaga warqadda

Su'aalo?

Haddii aad su'aalo qabtid, fadlan nagala soo xiriir 833-717-2273 ama paidleave@esd.wa.gov.

Instructions for Healthcare Providers

Paid Leave medical certification forms are 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, their pregnancy, or to care for a family member with a serious health condition. Our Certification of Birth form can be used for the first six weeks of medical leave to recover from giving birth and for family leave to bond with a new baby.

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

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:
 - » Requires periodic visits to a health care provider;
 - » Continues over an extended period of time, including recurring episodes of a single underlying condition; 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.

FREQUENTLY ASKED QUESTIONS

Visit paidleave.wa.gov/help-center and click on Healthcare Providers.

Questions?

If you have any questions, please contact us at 833-717-2273 or paidleave@esd.wa.gov.

Prenatal Care Medical Certification



Use this form for:

- Medical leave for prenatal care
- Medical leave related to a prenatal complication

Patient information	
Complete the patient information section, then have your healthcare provider complete and sign the certification.	
Patient's name:	
Patient's date of birth: ____ / ____ / ____	Paid Leave Customer ID number (if known):

Healthcare provider certification
To be completed and signed by a healthcare provider for leave related to prenatal care.
<ul style="list-style-type: none"> • Indicate on this form if your patient is experiencing incapacity related to pregnancy. This allows us to approve the full amount of leave they are entitled to. • Give specific dates. Terms such as "unknown" or "indeterminate" won't be sufficient to determine Paid Leave eligibility. • All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.
The patient is (check all that apply):
<input type="checkbox"/> Pregnant and seeking leave for prenatal care. <input type="checkbox"/> Experiencing incapacity due to a prenatal health condition. <i>Can include but is not limited to severe morning sickness, preeclampsia, infections, or other prenatal complications.</i>
Start date: (Day the patient's leave begins) ____ / ____ / ____ End date: (If leave is needed for the duration of the pregnancy, provide estimated due date. Otherwise, the estimated date incapacity will no longer exist.) ____ / ____ / ____

Healthcare provider's information and signature	
<i>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," and that I am a healthcare provider authorized to certify their condition (RCW 50A.05.010; WAC 192-500-090).</i>	
Signature:	Date: ____ / ____ / ____
Name and title:	
Certificate license number and state (optional):	Type of practice/Specialty:
Phone:	Email address:
Business name and address:	

Upload completed form to your Paid Leave account.

If you do not have an account, include the form with your benefit application or fax to 833-535-2273.

Certification of Birth



Use this form for:

- Family leave to bond with a child born into your family
- The first six weeks of medical leave to recover from giving birth

If more than six weeks of recovery from birth is medically necessary, use the Medical Certification for Birth Complications.

Do not use this form for family leave for adoption, foster care, or other approved placement types. Visit paidleave.wa.gov for information about required documentation for family leave for placement.

Parents' information

Complete the parent information section, then have your healthcare provider, midwife, or a representative of your healthcare facility complete and sign the certification.

Information about parent that gave birth:

Name: _____

Date of birth: ___ / ___ / ___ Paid Leave Customer ID number (if known): _____

Information about second parent (if taking leave):

Name: _____

Date of birth: ___ / ___ / ___ Paid Leave Customer ID number (if known): _____

Certification of birth

To be completed and signed by a healthcare provider, midwife, or a representative of a healthcare facility. All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

Child's date of birth: ___ / ___ / ___ Place of birth (city, state): _____

Provider's information and signature

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, a midwife, or a representative of a healthcare facility.

Signature: _____

Date: ___ / ___ / ___

Name and title: _____

Type of practice/Specialty: _____

Phone: _____

Email address: _____

Business name and address: _____

Upload completed form to your Paid Leave account.

If you do not have an account, include the form with your benefit application or fax to 833-535-2273.

Medical Certification for Birth Complications

Use this form:

- **If more than six weeks of recovery from birth is medically necessary.**

When six weeks or less is needed to recover from giving birth, use the Certification of Birth form.

Patient information

Complete the patient information section, then have your healthcare provider complete and sign the certification.

Patient's name:

Patient's date of birth: ____ / ____ / ____

Paid Leave Customer ID number (if known):

Healthcare provider's certification

To be completed and signed by a healthcare provider if more than six weeks of recovery from birth is medically necessary.

- Give specific dates. Terms such as "unknown" or "indeterminate" won't be sufficient to determine Paid Leave eligibility.
- Answers should be your best estimate based on your medical knowledge, experience, and examination of the patient.
- All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

Briefly describe the incapacity due to postnatal serious health condition. *Can include but is not limited to recovery after a cesarean delivery, infections, or other postnatal complications.*

Provide the start and end dates for the leave needed for the serious health condition described above. *Do not include bonding leave, which may be applied for separately.*

Start date: (Child's date of birth) ____ / ____ / ____ **End date:** ____ / ____ / ____

Healthcare provider's information and signature

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," and that I am a healthcare provider authorized to certify their condition (RCW 50A.05.010; WAC 192-500-090).

Signature:

Date: ____ / ____ / ____

Name and title:

Certificate license number and state (optional):

Type of practice/Specialty:

Phone:

Email address:

Business name and address:

Upload completed form to your Paid Leave account.

If you do not have an account, include the form with your benefit application or fax 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)

Adeegyada ayaa laga yaabaa in lagu heli karo luqada ingiriisiga oo kali ah.

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 \$0	libsi kasta \$0	Lacag kala bixida ATM-ka \$0 shabakada ku jira \$2.50 shabakada ka baxsan	Lacag ku shubid Ima Khuseeyo
Weydiinta Baaqiga ATM-ka (shabakada ku jira ama shabakada ka baxsan)			\$0
Adeegga Macmiilka (iswada ama wakiil toos ah)			\$0 wicitaan kasta
Isticmaal la'aan			\$0
Waxaan qaadnaa 3 nooc oo khidmad kale ah. Mid ka mid ah waa:			
Kaar Beddelka (bixinta caadiga ama degdega ah)			\$0 ama \$15.00
<p>Eeg jadwalka Khidmada ee la socda si aad u hesho siyaabo bilaash ah aad ku isticmaashid macluumaadka lacagtaada iyo baaqigaaga.</p> <p>Lama ogola deyn/amaah dheeraad ah. Lacagtaadu waxay u qalantaa caymiska FDIC.</p> <p>Wixii macluumaad guud ee ku saabsan koontooyinka horubixinta, booqo 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 (ku qoran Af-Ingiriiska).</p>			

U.S. Bank ReliaCard® Jadwalka Khidmada

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

Dhammaan khidmadaha	Caddada	Faahfaahino
Hel lacag caddaan ah		
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 usb.com/locations (ku qoran Af-Ingiriiska) ama moneypass.com/atm-locator.html (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®.
Macluumaadka		
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 usb.com/locations (ku qoran Af-Ingiriiska) ama moneypass.com/atm-locator.html (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.
Ku isticmaalida kaarkaaga meel ka baxsan Mareykanka.		
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. Isweydaariyada maaliyadeed qaarkood, xitaa haddii adiga iyo/ama ganacsadaha ama ATM-ka ku yaalo gudaha Mareykanka, waxaa loo tixgeliyaa isweydaariyo maaliyadeed oo ka baxsan dalka sida ay dhigayaan sharciyada shabakada lagu dabaqi karo, mana xakameyno sida ganacsatadaan, ATM-yadaan iyo isweydaariyadaan 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.
Kale		
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 degdega 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-xiriirkan 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 awoodid inaad akhriso oo aad fahamto dukumiintiyadaan, ama aad raadsato qof kuu turjumo, si aad u fahamto oo u isticmaasho sheygan ama adeeggan. 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 (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 (ku qoran Af-Ingiriiska).

Wixii macluumaad guud ee ku saabsan koontooyinka horubixinta, booqo 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 (ku qoran Af-Ingiriiska).

CR-21378422