

Supreme Court
of the
State of Washington

FILED
SUPREME COURT
STATE OF WASHINGTON
7/28/2022
BY ERIN L. LENNON
CLERK

FILED
SHINGTON
PM 2:20
PPEALS
Pending

Marc James Roberts,
Petitioner/Aggrieved Party,
v.

Supreme Court No. _____
COA-II No. 55362-7-II
Superior Court No. 20-2-06525-6
101121-1

Jeffrey Uttecht,
Respondent/Defendant.

Motion For Waiver of Filing Fee(s)
Due to Indigency

Comes Now, Marc James Roberts (Petitioner/Aggrieved Party),
Motioning this Art. III Court of Equity to grant Petitioner's Motion For
Waiver of Filing Fee(s) Due to Indigency, in order to file his
Petition For Review, in this Court.

Petitioner was released from confinement on February 11, 2022; does
not have regular employment; and, receives assistance/benefits from
the State of Washington. See attached copies of documentation for:
1) Washington Apple Health coverage; and, 2) Basic Food Assistance.

Petitioner files this Motion under oath; under penalty of perjury; and,
in good-faith, on this 24th day of July, 2022.

Respectfully Submitted By:

Marc James Roberts

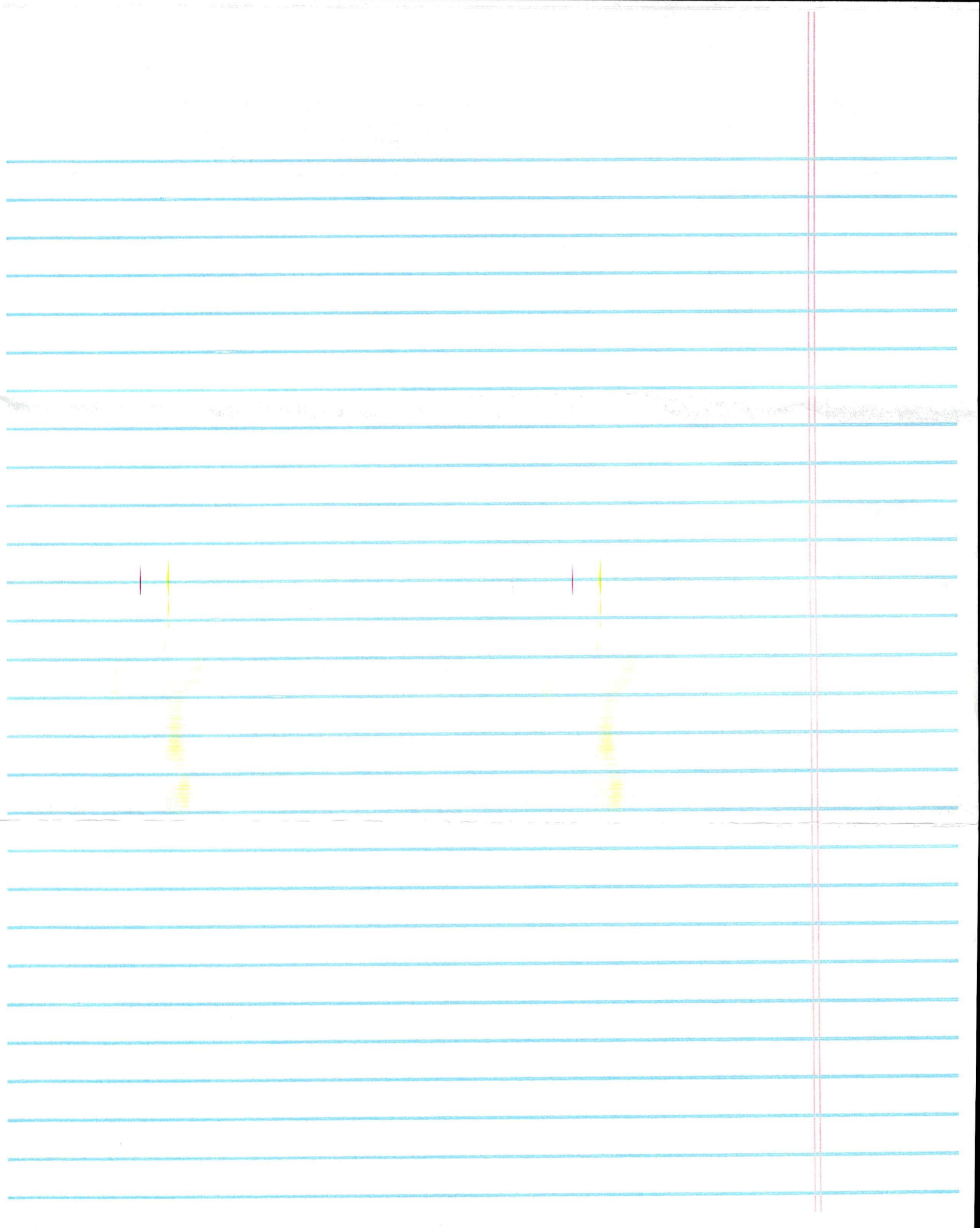
Marc James Roberts

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cp: The William Booth Center #323

311 Maynard Avenue S.

Seattle, WA 98134



P.O. Box 42719
Olympia, WA 98504-2719



February 15, 2022

Re: Client # 003189853

MARC J ROBERTS
811 MAYNARD AVE S
SEATTLE WA 98134

Welcome! You and/or members of your household are approved for Washington Apple Health coverage and are enrolled in a managed care health plan. You live in a county with integrated managed care. This means your managed care plan coordinates and pays for both physical health services and behavioral health services (treatment for mental health and substance use disorder).

The enrolled household members are:

Name	ProviderOne Client ID
MARC J ROBERTS	200673670WA

Your plan is United Health Care Community Plan(UHC). Your coverage start date is 02/01/2022.

You may begin using your plan's network of providers and pharmacies. Show this letter to your doctor or pharmacist until you get your new plan membership ID card in the mail.

How do I change my health plan?

- Go to wahealthplanfinder.org
This option is available for clients with a Washington Healthplanfinder account.

These options are available to all Apple Health clients:

- Visit the ProviderOne Client Portal website <https://www.waproviderone.org/client>
- Call Apple Health Customer Service at 1-800-562-3022. Our automated system is available 24 hours a day, 7 days a week.
- Request a change online at <https://fortress.wa.gov/hca/p1contactus/>
Select the topic "Enroll/Change Health Plans."

Depending on when you make your request, your new plan will usually start the first of the next month.

ProviderOne #: 200673670WA

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12345678-001800-01-0000000000

Why would I want to change my plan?

Your current doctor or health care provider may not accept the health plan you're enrolled in. Check with your current provider to see what plans they accept. You have the right to change your health plan at any time.

What are my plan choices?

United Health Care Community Plan(UHC)	877-542-8997
Molina Healthcare of Washington Inc(MHW)	800-869-7165
Coordinated Care of Washington(CCW)	877-644-4613
Community Health Plan of Washington(CHPW)	800-440-1561
Amerigroup Washington Inc(AMG)	800-600-4441

Learn more about your benefits

Review your Welcome to Washington Apple Health: Integrated Managed Care booklet online at www.hca.wa.gov/ah-client-booklets. The booklet describes services Apple Health covers. For example:

- Information about your medical cards.
- Why choosing a primary care provider is important.
- How to access an interpreter or get help with transportation.

It also includes information about your health care rights and responsibilities.

If you prefer to receive a printed booklet, we will send you a copy at no charge. Call **1-800-562-3022** if you have questions about Apple Health or want a printed booklet.

Notes:

HCA complies with all applicable federal and Washington state civil rights laws and is committed to providing equal access to our services.

If you need an accommodation, or require documents in another format or language, please call 1-800-562-3022 (TRS: 711).

BELLTOWN CSO
PO BOX 11699
TACOMA WA 98411-6699



Phone #
TTY/TDD # 800-833-6384
Toll Free # 877-501-2233

03/02/22

Client ID # 003189853

MARC J ROBERTS
WILLIAM BOOTH CENTER
811 MAYNARD AVE S
SEATTLE WA 98134-1324

Dear MARC J ROBERTS

You will receive the following benefits:

	Begin Date	End Date	
Basic Food Assistance (federal)	03/02/22	02/28/23	
	First Issuance	Second Issuance	Future Issuances
Basic Food Assistance (federal)	\$241.00	\$250.00	\$250.00

Your food benefit will be available on day 3 of each month.

We will add your benefits to an Electronic Benefits Transfer (EBT) account.

The following persons receive federal Basic Food benefits.

MARC J ROBERTS

You can:

- * Apply for benefits, submit a review, or report changes at www.washingtonconnection.org.
- * Fax information to us at 888-338-7410.

Write your client ID on all copies you send us. Your client ID is 003189853.

Call 877-501-2233 to process an application or review, report changes, or ask questions.

If you disagree with any of our decisions, you may ask to have the case reviewed. You can also ask for an administrative hearing. Administrative hearing rights are included in this letter.

Attachment(s): DSHS Administrative Hearing Rights

QUESTIONS AND ANSWERS

What do you need to know about Electronic Benefits Transfer (EBT)?

- * If you already have a Washington EBT Quest card you can use it.
- * If you don't have an EBT card you can ask us to send a card in the mail. It should arrive within 10 days.
- * You will receive an instruction pamphlet with your EBT card.

Can you give your EBT card to someone to shop for you?

- * No, do not give your card or PIN to anyone.
- * Contact your worker if someone else shops for you.
- * We can give them their own card and PIN for your EBT account.

What do you need to report for food assistance between reviews?

- * When your total monthly gross income money from all sources before deductions) goes over \$1396.00
- * When you or a member of your household wins \$3750.00 or more from the lottery or other gambling activities in a single game.

How do you report changes?

- * Report changes by calling 877-501-2233.

When do you need to report changes?

- * For cash and food programs, you must report changes by the 10th of the next month after the change.

What happens if you don't report changes on time?

- * Your benefits could stop.
- * Your benefits could be late.
- * You could receive the wrong amount.
- * If you receive more benefits than you should, you must pay them back.

When will we review your case?

- * You will receive a Mid-Certification Review to complete.
- * An eligibility review form will be sent before your benefits stop.

Where can you look for more information about DSHS services?

- * You are authorized to access information at <https://www.washingtonconnection.org/home/>. This website tells you about other DSHS programs and community resources for you and your family.

