

**ARIZONA DEPARTMENT OF
ECONOMIC SECURITY
Family Assistance Administration
Rights and Responsibilities**

The client has the right to request a copy of the Rights and Responsibilities.

Offer of Voter Registration and Complete NVRA-5.

- **If you believe that someone has interfered with:**
 - **Your rights to register to vote or to decline to register to vote,**
 - **Your right to privacy in deciding whether to register to vote or in applying to register to vote,**
 - **Your right to choose your own political party or other political preference.**

- **You may file a complaint with:**
State Election Director
Secretary of State's Office
1700 West Washington
Phoenix, Arizona 85007
(602) 542-8683

Appeal Process

- **When you do not agree with any of the decisions the agency has made in determining your benefit eligibility, you have the right to file for an appeal, verbally or in writing. Time frames to file an appeal starts with the date the eligibility notice is mailed. The time allotted to file is 30 calendar days for Cash Assistance (CA), 35 calendar days for Medical Assistance (MA), and 90 calendar days for Nutrition Assistance (NA)**

First Contact Resolution

- **When you can provide all the necessary documents and the agency**

is able to obtain all mandatory information needed to determine your benefits at the interview, your case may be completed the same day.

Quality Control Process

- **Cooperating with Quality Control review, when contacted, is a federal requirement. Refusal to cooperate may result in closure of your case. The Quality Control Review is to determine the accuracy of the decision made on your case and to ensure you were issued the correct amount of benefits.**

Electronic Benefits Transfer (EBT)

- **One free EBT replacement card may be issued per calendar year. A charge of \$5.00 for each additional EBT replacement card will be taken out of your NA Benefits. When you or your EBT alternate card holder**

requests 3 or more replacement EBT cards within a 12-month period, you will be issued a replacement card, but you may not be able to use it until you make contact to explain the reason for the replacement EBT card request.

Penalties for Trafficking, Fraud and/or Misrepresentation or Intentional Program Violation:

- **There are penalties for trafficking, fraud, misrepresentation, and intentional program violation, which includes, but not limited to, criminal prosecution, fines, imprisonment or other penalties provided by state and federal law.**

Reporting Changes

For Standard Reporting: CA/NA

- **Changes must be reported no later than the 10th day of the month following the month the change**

occurred.

- **Able Bodied Adults Without Dependents (ABAWDs) must report a reduction in their work hours below 80 per month. This requirement also applies to households containing members who would be considered ABAWDs and subject to the three-month time limit if they did not have a work exemption.**
- **All households are required to report all address changes.**

For Standard Reporting: Medical Assistance

- **Changes must be reported as soon as the future event becomes known. Unanticipated changes must be reported within ten calendar days from the date the change occurred.**

For Simplified Reporting: Nutrition Assistance

- **Any change which causes the gross**

monthly income of all participants included in the household to exceed 130% of the federal poverty level, must be reported. These changes must be reported no later than the 10th calendar day of the month following the month the change occurred.

Budget unit size	1	2	3	4	5	6	7	8	Each Additional Member
NA Gross Income	\$1,383	\$1,868	\$2,353	\$2,839	\$3,324	\$3,809	\$4,295	\$4,780	\$486

The 130% Gross Monthly Income Chart is Effective 10/1/20 to 9/30/21

- **Able Bodied Adults Without Dependents (ABAWDs) must report a reduction in their work hours below 80 per month. This requirement also applies to households containing members who would be considered ABAWDs and subject to the three-**

month time limit when they do not have a work exemption.

- **It is recommended to report all address changes.**

For Simplified Reporting: Cash Assistance

- **Any change which causes the gross monthly income of all participants included in the household to exceed 36% of the 1992 FPL (A-1 payment standard), must be reported. These changes must be reported no later than the 10th calendar day of the month following the month the change occurred.**

Budget unit size	1	2	3	4	5	6	7	8	9	10
Gross Income	\$204	\$275	\$347	\$418	\$489	\$561	\$632	\$703	\$775	\$846

- **It is recommended to report all address changes.**

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